

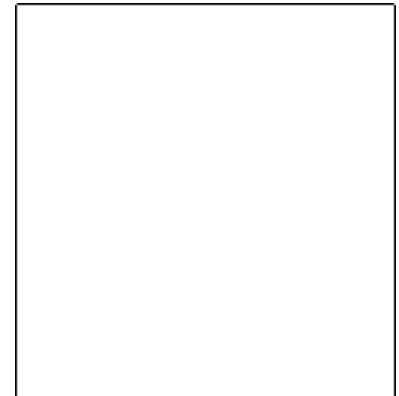


NO. _____

Year. _____

No. Min. _____

State. _____



APPLICATION FORM

All prospective members of SAESI are required to complete this registration form and bring the completed form to SAESI HQ located at No. K8 Zaria Road, by Rigachikun Bus Stop, Kawo Kaduna, Kaduna State, Nigeria or email it to saesi201431@gmail.com

1. Full Name of Applicant: _____

2. Other Names: _____

3. Full Address: _____

4. Local Government: _____ Village/District: _____

5. State of Origin: _____ Nationality: _____

6. Date of Birth: _____ Marital Status: _____
(Day / Month / Year)

7. Current Contact Address: _____

8. Educational Qualification: _____

9. Email Address: _____ Phone Number: _____

10. Parent's Name (s) and Nationality - a). Father: _____

b). Mother: _____

11. Name of Next of Kin (NOK): _____ Relationship: _____

12. Address of NOK: _____

13. Name 3 Guarantors with their Contact Numbers G1): _____

G2): _____ G3): _____

14. Have you ever served in the Nigerian Army, Navy or Air Force? _____

If Yes, give details: _____

15. Have you ever been convicted of a criminal offence or under investigation by any Government Organisation; or been involved in any act of violence, insurgency, terrorism or a been a member of a cult or secret organisation: Yes or No? _____ If Yes, give details: _____
