



Entrepreneurial Empowerment Programme Application Form

Please affix
photograph

PERSONAL INFORMATION

NAME : _____
Last
first
middle

Date of Birth: _____ **State of Origin** _____

Address:

Mobile Phone: _____ **Email Address :** _____

How did you hear about our Foundation? _____

Business Sought (Catering, Plumbing, Tailoring etc) : _____

Are you presently employed? (Please mark x where appropriate) **Yes** **No**

If yes,

Name of organization : _____

Name of Supervisor : _____

EDUCATION

Items	Name and Location	Qualification	Year of Graduation

Primary School			
Secondary School			
Specialized Training (Trade/Technical/ Vocational school etc			
Other Education			

SKILLS

Please list your areas of special skills or other items that may contribute to your

GUARANTOR (Please affix a passport that should be signed at the back by your guarantor)

Name:

Designation:

Address:

I certify that all answers given herein are true and complete to the best of my knowledge

I authorize investigation of all statements contained in this application for empowerment as may be necessary in arriving at a decision.

In the event of being selected I acknowledge, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signature of Applicant -----

date : -----