



**CENTER FOR MICROENTERPRISE
DEVELOPMENT LTD/GTE**
RC 634274



Center for Microenterprise
Development

APPLICATION FORM

MICROFINANCE CERTIFICATION PROGRAM TUITION

SECTION A: BIO-

Surname: **Title:**

Other Name(s):
FIRST NAME MIDDLE NAME

Gender: M F

Marital Status: SINGLE MARRIED WIDOW

Date of Birth: / /
Day Month Year

State of Origin: **L.G.A.:**

State of Residence: **L.G.A.:**

Address:

Phone 1: **Phone 2:**

Email Address:

SECTION B: SELECT MODULE(S)

S/N	TICK	Microfinance Certification Program
1		Module I: The Evolution, Management & Regulation of Microfinancing
2		Module II: Financial Analysis & Performance Monitoring in Microfinance
3		Module III: Product Development & Marketing Management
4		Module IV: Risk Management & Internal Control in Microfinance
5		Module V: Ethics and Corporate Governance
6		Module VI: Digital Finance in Microfinance Institutions
7		Module VII: Small and Medium Enterprises Management and Development

SECTION C: EDUCATIONAL HISTORY

S/N	School Attended	Certificate Obtained	Year

SECTION D: EMPLOYMENT HISTORY

S/N	Place of Employment	Position held

Payment of Fees

Name and address of sponsoring Organization/Person

DECLARATION

By signing below, I hereby confirm that:

The information given above is correct and accurate.

Name: _____

Signature/Date: _____

OFFICIAL USE

RECOMMENDATION: -----

Name: ----- **Sign/Date:** -----

APPROVAL: -----

Name: ----- **Sign/Date:** -----