

REGISTRATION FORM

Surname: First name:

Date of Birth Nationality

Place of Birth Sex: Male Female

Residential Address

Postal Address

Occupation Employer

Telephone E-mail Address

Contact person (In case of EMERGENCY)

Name: Telephone:

Manual Automatic

Course Type (Please tick)

Beginner/Regular (7 weeks) Brush-up course (3 weeks)

Express/ Special (4 weeks) Weekend (12 weeks)

Group Courses

State whether applicant suffers any physical or mental disability

.....
Signature of Student Signature of Guardian/Sponsor Date

NOTE: Fee paid is not refundable. Two passport sized pictures and a valid ID are to be provided.

OFFICE USE ONLY	Receipt No <input type="text"/>
Fee Paid Ghc	Date
Arrears Ghc	
Date of Commencement
Date of Completion	Director's Signature

**Name of Account = zPRIME-drive Driving School. Acct # = 0101311390181
UNIBANK, Spintex Road Branch.**

