



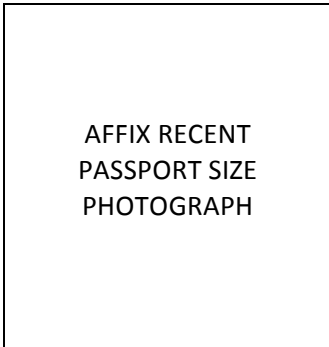
MANJANO BEAUTY ACADEMY

READ THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. This Form should be completed in Block letters or Typed.
2. Attach application fee of TZS 50,000 in form of a deposit slip payable to Manjano Foundation to CRDB Bank, Kijitonyama Branch, A/C No. 0150259160600
Manjano Foundation NMB Bank A/C No. 22510019373

All correspondence should be addressed to:

The Principal
 Manjano Beauty Academy
 1st Floor, LAPF Millennium Towers
 P.O. Box 90001 Dar es Salaam,
 Tel: +255 222 774 730
 Email: admissions@manjanoacademy.co.tz
www.manjanoacademy.co.tz



COURSE APPLIED FOR:			FORM NO.
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	Middle Name	First Name
Postal Address:		Physical address:	Mobile:
E-mail:		Region:	Country:

Particulars of Guarantor

Name:	Relationship:
Telephone:	E-mail:

Personal Information

Date of Birth (D/M/Y):	Place of Birth (Country):
Gender (Please Tick) Female <input type="checkbox"/> Male <input type="checkbox"/>	ID No:
Marital Status: (Please Tick) Single <input type="checkbox"/> Married <input type="checkbox"/>	
Do you have any special needs? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify: _____	

Secondary School Results: Year _____ **Index No.** _____

Mean Grade/Division _____

Other Institutions/Colleges attended

Name of Institution/College	Nature of training	Certificate obtained

Working Experience related to Beauty and Cosmetics industry

Name and address of employer	Nature of work	Duration

What are your career goals?

Attach copies of all certificates/testimonials: personal, educational and work experience.

Mode of Payment: Banking slip Cheque

DECLARATION

I certify that the information I have given in this application is complete and correct. I am aware that false information is grounds for disqualification/expulsion.

Applicant's Signature: _____

Date: _____

<u>FOR OFFICIAL USE ONLY</u>
<u>REMARKS:</u>