



# The Executive Business School

Colour  
Passport  
Photograph

RC: 663458

Please fill all sections in BLOCK CAPITALS using black ink for clarity and ease of copying and return to EBS at:  
2<sup>nd</sup> Floor, NACCIMA HOUSE, 8A Oba Akinjobi Way, GRA, Ikeja-Lagos. Tel: 01-7414946, 01-7612221, 07030821555

## ACCA Tutorials

Please do not write in any shaded boxes

\* Delete as necessary

ACCA Reg. No:

### 1. Personal Details

Surname:		Title: *Mr/Mrs/Ms/Dr/Others
First Name:	Middle Name:	
Date of Birth (Day/Month/Year)	Previous Surname:	
Nationality:	State of Origin	

### 2. Sponsor's Details: Please note that your sponsor will be notified periodically of your academic performance

Who is expected to pay your fees?	Name:
Address:	
Relationship:	Telephone No:

### 3. Contact Address:

### 4. Please indicate below the paper you want to take and the mode of study.

		Part Time	Full time	Distance Learning
P O Box	F1	Accountant in Business		
	F2	Management Accounting		
	F3	Financial Accounting		
	F4	Corporate & Business Law		
	F5	Performance Management		
	F6	Taxation		
	F7	Financial Reporting		
	F8	Audit & Assurance		
	F9	Financial Management		
Telephone Number	P1	Governance, Risk and Ethics		
	P2	Corporate Reporting		
	P3	Business Analysis		
Fax Number	P4	Adv Financial Management		
	P5	Adv Performance Management		
E-mail Address	P6	Adv Taxation		
	P7	Adv Audit & Assurance		

Form Fee (Receipt No):

Lectures Fee (Receipt No):

Total No of Subject(s):

### 5. How did you find out about EBS/ACCA Tutorials?

Please tick as applicable:

- Internet/Email
- Friends/Family
- SMS

- Advertisement (Name of Newspaper)
- EBS Staff/Student
- Others (Specify)

**6. Educational Institutions attended (excluding Primary School)**

	Name of School, Polytechnic or University	Qualification	From		To	
			Month	Year	Month	Year
1						
2						
3						
4						
5						

**7. Work Experience: Detail of current work place**

Name & Location of Organisation	Position/Job Title	Type of work/duties	From		To	
			Month	Year	Month	Year

**8. Criminal Convictions**

Do you have any criminal records?    **Yes/No\***

**9. Applicant Declaration**

I confirm that the information given on this form and in any accompanying documents is true, complete and accurate. I have not omitted any information requested or other material information. I accept that, should this prove not be the case, the EBS reserves the right to cancel my application and I shall have no claim against it in relation thereto. I give consent to the processing of my data by EBS and any other organisation which has a statutory right to receive any of it.

Applicant's signature:

Date:

**PLEASE ATTACH COPY OF ACCA REGISTRATION BIODATA & EBS PAYMENT RECEIPTS**