

GLOBAL COMMUNITY HEALTH FOUNDATION

APPLICATION FORM

Kindly indicate via check box: **Individual** **Corporate** Note: Registration fee is **NOT** refundable.

SURNAME:

FIRST NAME:

MIDDLE NAME:

SEX: DATE OF BIRTH (D/M/Y):

MARITAL STATUS: NO. OF CHILDREN:

RELIGION: PHONE NO:

PERMANENT ADDRESS:

RESIDENTIAL ADDRESS:

DO YOU BELONG TO A COOPERATIVE SOCIETY? (YES / NO)
(IF YES, YOU SHOULD STATE THE NAME OF THE COOPERATIVE SOCIETY)

HAVE YOU BENEFITED FROM ANY ORGANIZATION? (YES / NO)
(IF YES, YOU SHOULD STATE THE NAME OF THE ORGANIZATION)

ARE YOU INTERESTED IN ANY FORM OF SPONSORSHIP? (YES / NO)

HAVE YOU BEEN CONVICTED BEFORE? (YES / NO)

(IF YES, GIVE REASONS)

.....
SIGNATURE AND DATE

FOR OFFICIAL USE ONLY

NAME OF CONFIRMATION OFFICER:

.....
OFFICER SIGNATURE AND DATE

NAME OF VERIFICATION OFFICER:

.....
OFFICER SIGNATURE AND DATE

Registration fees of one thousand naira only (1000) for individual and five thousand naira only (5,000) for cooperate should be paid into account detailed below.

ACCOUNT NUMBER: 1013893412
BANK: UBA
TYPE: COOPERATE ACCOUNT (₦)

ACCOUNT NUMBER: 1472003338
BANK: ECOBANK
TYPE: DOM ACCOUNT (\$)