***MICROFINANCE AFRICAN INSTITUTIONS NETWORK***

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**REGISTRATION FORM**

**Master of Arts in Microfinance Management**

**Online Session, June, 2022**

**Uganda Martyrs' University**

Name of Candidate:...........................................................................................................................

Year of Attendance:..........................................................................................................................

Sex: Male 🞎 Female 🞎

Date of Birth: .................................................................................................................................

Mailing Address (Business): .................................................................................................

Country: ...............................................City: ....................................Street: .........................

P.O.Box:.................................................................................................................................

Tel: .......................................................(office), ..............................................(cell/mobile)

Fax: .......................................................................................................................................

Email: ....................................................(office) ...................................................(personal)

Name of Institution: ..............................................................................................................

Present Position: ...................................................................................................................

Number of Years in this Position: .........................................................................................

Main Responsibilities: ...........................................................................................................

Number of Years in Microfinance: ..........................................................................................

Academic Qualification: ...............................................................................................................

Year of Graduation:………………………………………………………………………………

Area of Study:……………………………………………………………………………………

Language Proficiency: (Fluent in English 🞎 Yes 🞎 No)

Computer Literate 🞎 Yes 🞎 No

Signature:...............................................................Date:.......................................................

Authorized by (Name):.........................................................Position:................................................

Tel: .......................................................................Email: .....................................................

Signature:..............................................................Date: .......................................................