



MICROFINANCE AFRICAN INSTITUTIONS NETWORK

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CERTIFICATE PROGRAMMES

APPLICATION FORM FOR STUDENT’S ADMISSION

Please fill this form neatly and clearly

<i>SURNAME:</i>		<i>OTHER NAMES:</i>	
<i>Home address:</i>			
<i>Tel:</i>		<i>Email 1:</i>	
		<i>Email 2:</i>	
<i>Name of your institution</i>			

Applicant’s academic qualifications:

Secondary Level

<i>Qualification Awarded</i>	<i>School (s) Attended</i>	<i>Date of Completion</i>	<i>Grade</i>

Tertiary Level

<i>Qualification Awarded</i>	<i>College (s) Attended</i>	<i>Date of Completion</i>	<i>Grade</i>

Please state in few lines your motivations for attending this programme.

Return Completed form to: main@mainnetwork.org