

APPLICATION FORM



FREIGHT ACADEMY

MQA APPROVED

2nd Floor - C/r Farquhar & Dr Sun Yat Sen Streets -

Port Louis - MAURITIUS

Tel: (230) 217 5668 Fax : (230) 217 5669

E-mail :freightacademy@intnet.mu

Website:www.freightacademy.com

BRC No: C06053939



COURSE TITLE : DATE OF APPLICATION:.....

SECTION 1 - PERSONAL DETAILS

SURNAME:..... MR MRS MISS

NAME(S):.....

D.O.B:..... ID No:.....

ADDRESS:.....

OFFICE No:..... MOB:..... HOME:.....

FAX No:..... E-MAIL:.....

SECTION 2 - ACTUAL EMPLOYMENT DETAILS

COMPANY NAME.....

ADDRESS:.....

OFFICE NO:..... FAX NO :..... E-MAIL:.....

POSITION:..... CONTACT PERSON:.....

PAYMENT TO BE DONE BY: COMPANY PARENTS SELF OTHERS, SPECIFY

SECTION 3 - EDUCATION / OTHER QUALIFICATION DETAILS

	INSTITUTION	GRADE	MAJOR SUBJECT/COURSES
SC
HSC
UNIVERSITY
OTHER EDUCATION
OTHER QUALIFICATION

SECTION 4 - WORKING EXPERIENCE

COMPANY NAME	POSITION HELD	WORKING EXPERIENCE
.....
.....
.....

SECTION 5 - SOLEMN DECLARATION

I confirm that all the information provided in this application form is factual and correct. I confirm and agree to abide by the rules and regulations of Freight Academy.

Signature of Applicant : Date:.....