

APPLICATION FOR ALUMNI IDENTIFICATION CARD

Please complete all sections of this form

Please use block letters

Tick boxes where appropriate

A. Personal Details

Surname: _____ First Name: _____
Other Name(s): _____ Date of Birth: _____
(DD/MM/YYYY)
Contact: (Work) : _____ (Home): _____ (Mobile): _____
Email: _____ Address: _____

ATTACH
PHOTO
HERE

B. Graduation Details

Student ID Number: _____ Year of graduation: _____
Graduating Institution: _____
Programme of study: _____

Student Signature _____ Date (DD/MM/YYYY) _____

C. FOR OFFICIAL USE ONLY FINANCE DEPARTMENT

Please attach receipt of payment

Cashier: _____ Date: _____
(DD/MM/YYYY)
Comments:

STAMP

D. ALUMNI OFFICE

Revenue receipt sighted | Alumni Status verification | Alumni Office: Date: _____
(DD/MM/YYYY)
Comments:

STAMP

E. ID CARD OFFICE

ID Card Technician:

Date: _____
(DD/MM/YYYY)

STAMP