



AFRICAN FINANCE AND MANAGEMENT THINKERS INSTITUTE

P.O. Box 10896, Arusha, Tanzania | Website: www.afmti.ac.tz

Email : info@afmti.ac.tz

COURSE APPLICATION FORM

A. Personal Information

Surname: _____

First Name: _____

Sex: Male Female

Country: _____

B. Professional Information

Organization: _____

Position / Job Title: _____

Contact Address:

Phone Number: _____

Email Address: _____

C. Course Information

Course Name / Number: _____

Course Dates: From _____ To _____

D. Payment Information (Applicant)

Payment details, including course fees and bank instructions, will be communicated to successful applicants upon confirmation of admission.

E. Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

Applicant's Name: _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY - COURSE FEES & PAYMENT

Course Fee (TZS/USD): _____

Discount / Sponsorship (if any): _____

Amount Payable: _____

Payment Mode: Bank Transfer Cash Cheque Other

Payment Received: Yes No

Receipt No: _____

Authorized Officer: _____

Signature & Stamp: _____