

APPLICATION FORM

OWNER DIRECTOR PROGRAMME (ODP)

All information in this form will be treated as confidential and will only be used by CEIBS Admission Committee

Application Checklist		
Valid ID Passport Photo Academic Certificates Curriculum Vitae (CV)		
Personal Information		
Title: Dr. Mr. Mrs. Miss.		
Last Name	First Name	Other Name(s)
Nationality	Date of Birth	Business Tel
Fax Mobi	le	Email
Company Name		
Job Title		No. of employees you are responsible for
Residential / Postal Address		
Native Language	Highest Education	
How did you hear about the programme?		
Media. Please Specify		
Course information received by email		
Recommended by CEIBS Employee		
Recommended by colleague or friend		
CEIBS website (www.ceibs.edu/africa)		
Other, please specify		
What industry are you in?		
IT/Electronic/Electrical/Automotive	Government	Retailing/Wholesaling/Trading
Pharmaceutical/Health Care	Transportation/Logistic	Manufacturing/Consumer Product
Hospital/Hospital Investment	Petroleum/Oil/Gas	Telecommunication
Business Consulting/Business Service	Beverage/Food	Textile/Garment/Leather
Real Estate/Infrastructure	Power/Power Equipment	Agriculture/ Agro processing
Power/Power Equipment	Media/Culture	Financial Service/Insurance
Other, please specify		
I certify that all the information above is authentic and accurate.		
Signature	Date	