



APPLICATION FORM 2021 CLASS (MAY - JULY)

NAME				SURNAME		
GRADE LAST ATTENDED				SCHOOL		
DATE OF BIRTH				ID NUMBER		
RESIDENTIAL ADDRESS				POSTAL CODE		
EMAIL ADDRESS						
CONTACT NUMBER						
ANY ILLNESSES						
NEXT OF KIN SECTION						
NAME				SURNAME		
DATE OF BIRTH				ID NUMBER		
RESIDENTIAL ADDRESS				POSTAL CODE		
ARE YOU EMPLOYED?	YES	NO				
COMPANY OF EMPLOYMENT						
POSITION						
WORK NUMBER						
CONTACT NUMBER						
WHY DO YOU WANT TO JOIN HOUSE OF MANNA?						
APPLICANT DECLARATION						
I _____	Declare that the above information is correct and I am obliged to adhere to the rules and regulations of the HOM. If not, I will face a disciplinary hearing which may result to exclusion.					
APPLICANT SIGNATURE		DATE		PLACE		
NEXT OF KIN SIGNATURE		DATE		PLACE		
HOM REPRESENTATIVE		DATE		PLACE		
ATTACHMENTS REQUIRED						
	PROOF OF ADDRESS	COPY OF CERTIFIED ID	PROOF OF PAYMENT			