

(V) **FINANCES**

Please indicate by ticking (√) how you intend to finance your study

- Through: (i) Parent (phone _____) []
(ii) Self (phone _____) []
(iii) Sponsor (phone _____) []
(iv) Other (please specify) _____ []


Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

Admission recommended: _____ Admission not recommended: _____

Comment: _____

ADMISSION NO: CCC/10/_____


CARLEN COMPUTER CENTRE
TEL: 0208098500
info@carlenscentre.com
DATE:
P.O BOX 157-50200, BUNGOMA

SIGNATURE: _____

DIRECTOR (CCC) DATE

Dully completed application forms should be returned to:

The Director,
Carlen Computer Centre,
P.O. Box 157-50200,
BUNGOMA-KENYA.

Telephone: +254 20 809 8500

Mobile: 0712996339 (MPESA) 0723900215 (MPESA) /0733139886 (ZAP)/0734783673

E-mail: admin@carlenscentre.com

Website: www.carlenscentre.com

FEE Payment: use Cheque/Direct Deposit or MPESA (0712996339) /ZAP (0733139886)

For Direct Deposit of Fee/Cheque to: Account Name: Carlen Computer Centre
Bank: Co-operative Bank,
Branch: Bungoma Branch
Account Number: 01109050048100