



Please complete this form and return it to Schoto.

**ALUMNI REGISTRATION FORM**

**SURNAME** \_\_\_\_\_  
**FIRST NAME(S)** \_\_\_\_\_

**GENDER**                      **MALE**                       **FEMALE**

**NATIONALITY** \_\_\_\_\_  
**NATIONAL ID No** \_\_\_\_\_  
**PASSPORT No** \_\_\_\_\_  
**POSTAL ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**COUNTRY OF RESIDENCE** \_\_\_\_\_

**TELEPHONE No** \_\_\_\_\_

**CELLPHONE No** \_\_\_\_\_

**SCHOTO QUALIFICATIONS**

Course	Level Attained eg NC, ND or HND	Year of Graduation

**EMPLOYMENT DETAILS**

**Employed**       **Self Employed**                       **Unemployed**       **Student**

**POSITION** \_\_\_\_\_

**NAME OF EMPLOYER OR COMPANY** \_\_\_\_\_

**POSTAL ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

I.....declare that the information given above is correct. I also bind myself to pay annual subscription fees as required by the Alumni Association.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_