

EMOMENCO AND COMPANY OF NIGERIA

INTERNATIONAL INDUSTRIAL TRAINING CONSULTANT MEMBERSHIP REGISTRATGION FORM FOR INDUSTRIAL TRAINING AND JOB PLACEMENT

APPLICATION FOR MEMBERSHIP FORM FOR OVERSEAS AND LOCAL INDUSTRIAL TRAINING AND JOB PLACEMENT

A PERSONAL INFORMATION (In Capital Letter)

Your Photo Here

- 1 Surname_____Other Names_____
2. Sex_____Age_____Marital Status_____
- 3 National I.D Card No_____Nationality_____Date and Place of Birth_____Phone No._____
- 4 Your Home Address_____
5. Office Address_____
- 6 Contact Information, Email Address_____
7. Position Applied for_____
8. C.V No. _____
- 9 Full Name as on the International Passport_____
- 10 Religion_____
- 11 Total Dependents_____
- 12 Age of Children_____
- 13 International Passport No._____Date of Issue_____Date of Expiry_____Place of Issue_____

B EDUCATION QUALIFICATION (stating with the latest completed)

Qualifications	Year of Passing	University/Board
1_____		
2_____		
3_____		
4_____		

Whether Profession / Technical Qualifications _____

Qualifications attested if so _____

Name of the Consulate _____

Embassy _____

Additional Qualifications, if any _____

Language Known

.. English Arabic Others

. Write _____

Speak _____

EXPERIENCE IN BRIEF (starting with the last

. Company Designation From to No.of Years Gross Salary

1 _____

2 _____

3 _____

4 _____

Responsibilities Held _____

List Valid Licenses Holding _____

D DECLARATION

I hereby declare that the above information are true to the best of my knowledge and I promise to abide by the Rules and Regulation governing INTERNATIONAL INDUSTRIAL TRAINING CONSULTANT DEPARTMENT OF EMOMENCO AND COMPAY OF NIGERIA.

I hereby promise to pay my Membership Registration Fees in Naira or equivalent to US dollars; if I receive my Membership Registration Number and I pay the Amount of the Registration Fees non-refundable for the cost of the Association Constitution and Bye-Law into First Bank of Nigeria Accounts of EMOMENSCO AND COMPANY OF NIGERIA, Account Number 2003113642 to enable me to be assisted for Industrial Training and Job Placement any part of the world.

SIGNATURE _____

__DATE_____

NOTE: Please send your completed Membership Registration Form and two self-addressed stamped envelopes to the Chief Consultant Director's Office No. 85, Erhunmwense Street, Uzebu Quarters, Benin City, Nigeria; WhatsApp. Jossy Emoghwanre=08056734118 or Email. Jossyemoghwanre20@gmail.com or Express Mail or Courier. To enable you receive your Registration Number.

FOR OFFICIAL USE ONLY

1 Date Membership Registration Form was

Received_____Membership Registration Number_____

2 Membership Registration Fees to be paid to Comp. Bank Account_____

Date of Acceptance as a Member_____

3 Signature of Chief Consultant Director's Office_____

Date_____

4 Signature of Head, Recruitment and Training Consultant Department_____

Date_____

NOTE: Please send your Membership Registration Fees bank teller you have paid to us to enable us assist you for our services.