



UNIVERSITY OF BLANTYRE SYNOD

APPLICATION FORM



1. **Surname:****First Name:**..... **Other**.....

2. **Date of birth:**/...../.....

3. **Sex** M F

4. **Nationality:**

5. **Home of Origin** Country: District

T/A..... Village

6. **Contact address:**.....

.....

Physical address:

.....

Telephone:.....**E-mail address:**

7. **Next of Kin**

Name.....

Address:

.....

Telephone:**E-mail address:**

8. Course applied for

Programme	Semester	Year
Master of Arts in Theology		
Bachelor of Arts in Theology		
Bachelor of Commerce – Business Management		
Bachelor of Commerce – Marketing		
Bachelor of Accounting and Finance		

9. Mode of Study: Please Tick (√)

Full Time Week End Evening

10. Academic Record/Previous Qualifications:

Year	Qualification	Grade

Please attach certified photocopies of certificates or notification of results

11. Organisation/Person Responsible for paying Fees:

Name.....
 Address.....

 Telephone.....E-mail.....

12. Employment:

Organisation.....
.....
Address.....
.....
.....
Position:
.....

13. Application Fees

All applicants are required to **DEPOSIT a non-refundable application fee of K10,000** to the following bank account:

Bank Name	Eco bank
Account Name	University of Blantyre Synod
Account Type	current
Account Number	5415000000062
Branch	Henderson Street
Bank Name	National Bank of Malawi
Account Name	University of Blantyre Synod
Account Type	current
Account Number	1004938557
Branch	Victoria Avenue Branch

Note: Copy of the deposit slip **must bear the name of the applicant** and must be attached to the application form. Bank deposits will be verified.

14. Applicant with Special Needs:

State your physical impairment and any special assistance/facilities that you require
(Provide medical evidence)
.....
.....
.....

15. Submission of Application Form

A duly completed application form together with bank deposit slip bearing the name of the applicant must be sent to:

**The Registrar
University Blantyre Synod
P.O. Box 413
Blantyre**

16. Declaration:

I hereby certify that all the information above is true, to the best of my knowledge and that I am of sound health.

Name..... Signature.....Date:.....

17. Application Check list

Item	Tick
Have you completed all relevant sections of this form	
Have you deposited appropriate application fee and attached a deposit slip bearing your name to this form	
Have you attached photocopied of certificates or notification of results	
Have you attached medical evidence if physically impaired or require special assistance	

THE END