



UNIVERSITY OF BLANTYRE SYNOD



APPLICATION FORM

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

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

3. Gender 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**

<b>Programme</b>	<b>Pease Tick</b>
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

**10. Academic Record/Previous Qualifications:**

<b>Year</b>	<b>Qualification</b>	<b>Grade</b>

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 K5, 000** to the following bank account:

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

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