Lakatoi Business College

LBC Application Form: ONLINE CERTIFICATE PROGRAMME

Sec 5 Lot 37 Poinciana St. Hohola Port Moresby (In IEPNG Compound Accross KH Tyremart) PO Box 2328 Vision City Waigani

Document No.: LBC-F24-001

Mobile: 71516360

Action Programme: Certificate			Application No.
Group Box 23 Entrepreneurship	Operations Managem	ent	
Project Management	Digital Marketing		
Logistics Management	Professional Accounting and Financial Management		Photo ID
Personal Information:			·
Name:	Other Gender: O Ma ODLE NAME	le nale	Bank Details: Bank of South Pacific Acct Name: Lakatoi Business College Ltd Acct Number: 0000187350 Branch: BSP Haus, Harbour City
Date of Birth:	Place of Birth:		BSB Number: 088-950
Contact Details:			
Address:		Email Addre	
Parent/Guardian Details: Fathers Name: LAST NAME FIRST NAME N		LAS	T NAME FIRST NAME MIDDLE NAME
Address:	Address:		
Email Address:		Email Addr	ess:
Mobile No.:		Mobile	No.:
Occupation:		Occupat	ion:
Education Details:	Sponsor Detail		0 - 0 0 1
Grade Level: Last School Attended:	If oth	-sponsor ers, e specify:	O Parents O Others
Year Completed: Declaration:			
I hereby certify that the information I have supplie make me ineligible for admission or subject to distherules and regulations of the Lakatoi Business Co	missal after admission has been granted. If		
"I hereby allow/authorize LBC to use, collect and pr programmes, and allow authorized personnel to pr			
_	Applicant Signature	Date	
Admin Use Only			
	ecommendation Letter pplication fee: K50 ON-RFFUNDARIF		Signature D.
Lactrinea trac copy of school dicuclicials	ON-R FELINDARI É		Signature Date