

## **APPLICATION FORM**

## ADVANCED MANAGEMENT PROGRAMME (AMP)

All information in this form will be treated as confidential and will only be used by CEIBS Admission Committee

| Application Checklist                                                                             |                         |                                          |
|---------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------|
| Valid ID   Passport Photo   Academic Certificates   Curriculum Vitae (CV)   Recommendation Letter |                         |                                          |
|                                                                                                   |                         | •                                        |
| Personal Information                                                                              |                         |                                          |
| Title: Dr. Mr. Mrs. Miss.                                                                         |                         |                                          |
| Last Name                                                                                         | First Name              | Other Name(s)                            |
| Nationality                                                                                       | Date of Birth           | Business Tel                             |
| Fax Mol                                                                                           | bile                    | Email                                    |
| Company Name                                                                                      |                         |                                          |
| Job Title                                                                                         |                         | No. of employees you are responsible for |
| Residential / Postal Address                                                                      |                         |                                          |
| Native Language                                                                                   | Highest Education       |                                          |
|                                                                                                   |                         |                                          |
| How did you hear about the programme?                                                             |                         |                                          |
| Media. Please Specify                                                                             |                         |                                          |
| Course information received by email                                                              |                         |                                          |
| Recommended by CEIBS Employee                                                                     |                         |                                          |
| Recommended by colleague or friend                                                                |                         |                                          |
| CEIBS website (www.ceibs.edu/africa)                                                              |                         |                                          |
| Other, please specify                                                                             |                         |                                          |
| What industry are you in?                                                                         |                         |                                          |
| IT/Electronic/Electrical/Automotive                                                               | Government              | Retailing/Wholesaling/Trading            |
| Pharmaceutical/Health Care                                                                        | Transportation/Logistic | Manufacturing/Consumer Product           |
| Hospital/Hospital Investment                                                                      | Petroleum/Oil/Gas       | Telecommunication                        |
| Business Consulting/Business Service                                                              | Beverage/Food           | Textile/Garment/Leather                  |
| Real Estate/Infrastructure                                                                        | Power/Power Equipment   | Agriculture/ Agro processing             |
| Power/Power Equipment                                                                             | Media/Culture           | Financial Service/Insurance              |
| Other, please specify                                                                             |                         |                                          |
| I certify that all the information above is authentic and accurate.                               |                         |                                          |
| Signature                                                                                         | Date                    |                                          |