

# SAVANNAH INSTITUTE FOR BUSINESS AND INFORMATICS[SIBI]

## PROGRAM REGISTRATION FORM

Use this form to register for current SIBI programs at Certificate and Diploma level. Please ensure you use the latest version of the form downloaded from the SIBI website. It is assumed that, by completing and signing this document, you have read and agree to the regulations governing academic programs at the Savannah Institute for Business and Informatics (SIBI).

Further information on registration for programs and courses is available at:

<https://www.sibi.institute/programs>

1. Please refer to the SIBI Prospectus for information about the program for which you intend to apply.
2. The completed registration form should be submitted or returned to: The Chairperson, Academic Board, Savannah Institute for Business and Informatics, P.O. Box 16641, NAKURU-20100, KENYA or via email to: [info@sibi.institute](mailto:info@sibi.institute) or by hand to the Manager, Savannah Institute for Business and Informatics, Shawmut Plaza, Mosque Rd., Nakuru, KENYA.
3. Attach a certified copy of your national identity card (or passport), certificates (KCSE and above or equivalent) and one recent passport size photograph.
4. Attach a copy of the registration fee receipt for KSh. 500 (US\$20 for those from outside the East African Community and South Sudan).
5. Attach proof of proficiency in English if from a non-English speaking country.

Affix passport size  
photograph signed  
at the back by  
applicant

## IDENTITY AND CITIZENSHIP

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Nationality:  Kenyan  Other (indicate nationality) \_\_\_\_\_ Date of Birth : DD/MM/YYYY

Primary Identification:  National ID  Passport. ID/Passport Number: \_\_\_\_\_

## CONTACTS INFORMATION

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

## PARENTS, GUARDIANS OR NEXT OF KEEN

If less than 18 years of age, indicate parent's or guardian's details. If 18 years of age or more, indicate who is responsible for paying fees.

Parent's or Guardian's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Parent's/Guardians' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSON RESPONSIBLE FOR PAYING FEES IF OTHER THAN SELF:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEXT OF KEEN IF DIFFERENT FROM ABOVE PERSON(S):**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**EDUCATION AND TRAINING**

Please indicate your education and training starting at the Kenya Certificate of Secondary Education (KCSE) or equivalent. Attach copies of certificates to support each qualification.

Full Name of Examination or Award	Examining Board and Country	Mean Grade/Marks Obtained

**PROGRAM APPLIED FOR**

Select a program from our prospectus or website.

Program Requested: \_\_\_\_\_

**FOR OFFICIAL USE**

Registration Fees Receipt Number: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

 Recommendation by Programs Coordinator:  Eligible  Ineligible  Further Information Needed.

Comments: \_\_\_\_\_

 Recommendation by Academic Board:  Admit  Do not Admit  Request Further Information

Chairman of Academic Board: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_

Name

Signature

Date