



APPLICATION FORM NO.

BAR EXAMINATION REVIEW COURSE APPLICATION FORM

Please complete this form in BLOCK LETTERS and submit or return to:
The Academic Registrar, P.O. Box 49940 - 00100, Nairobi, Kenya.

(A): PERSONAL DETAILS

First Name Second Name Third/other

Address Postal Code Town/City

Country Mobile number

Email

Facebook

Twitter

Gender Male Female Nationality Date of Birth DD MM YEAR

National ID / Passport No Country of Permanent Residence

Employer/firm/organisation

(B): COURSE APPLICATION DETAILS

Course applied for: Commercial Transactions KSL Admission Date: DD MM YEAR

Conveyancing Law Name of previous Institution:

Accounting for the Legal Practice Management Unit

(C): APPLICANT DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant's Full Name Applicant's signature _____

Date _____

Approved by Dean

Signed _____

Date DD MM YEAR

Dean