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COMMONWEALTH INSTITUTE OF
MANAGEMENT AND TECHNOLOGY
P.O.Box 3089
Manzini
Kingdom of Swaziland
Southern Africa

APPLICATION FORM

Please Complete in Block letters and Tick Appropriate Items

Date: _____

Course Title: _____

Course Date: _____

Surname: _____

First Name: _____

Position: _____

Qualification: Certificate ____ Diploma ____ BSc. ____ MSc. ____ Ph.D ____

Organization: _____

Postal Address: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____

SF _ I have secured funding for this Course
SSF _ I am still searching for funding for this Course
(Please note that Commonwealth Management Institute is not a grant aiding agency)

Signed by Applicant: _____ Approved by Authority: _____
Signed

Date: _____

Office Stamp: _____

Name: _____

Position: _____

Telephone: _____

Fax: _____

Date: _____

Return Completed Application to:
Executive Director
Commonwealth Management Institute