

IYEREGO ORUBO WARIKUBU

Ngeme-Biri/Orubo-Ama, Koniju Town, Okrika. Rivers State. www.iyeregorubo.org

EMAIL:

GSM NO:

S/NO:

IYEREGO ORUBO BUSINESS/TRADE/SKILLS ACQUISITION PALIATIVE SCHEME

**BUSINESS/TRADE EMPOWERMENT/SKILL
ACQUISITION SCHEME (CREDIT FACILITY)**

AFFIX PASSPORT
PHOTOGRAPH

APPLICATION FORM

PERSONAL DATA

SURNAME:				FIRST NAME		MIDDLE NAME	
PHONE NO:				EMAIL:			
DATE OF BIRTH:		PLACE OF BIRTH:		RELIGION:			
RELIGION:		CONTACT ADDRESS:					
MARRITAL STATUS: (Tick)		MARRIED:		SINGLE:		OTHERS:	
NAME OF TOWN:		LGA OF ORIGIN:		STATE OF RIGIN:			
WHAT IS THE NATURE OF THE BUSNISS OR SKILL YOU WISH TO ACQUIRE: (SPECIFY):		Business:		Skill:			
HOW LONG HAVE YOU BEEN IN THE BUSNISS/TRADE:							
AMOUNT REQUIRED: N				BANK DETAILS:			
ATTACH ONE OF THE LISTED MEANS OF IDENTIFICATION: 1. NATIONAL ID <input type="checkbox"/> 2. VOTER'S CARD <input type="checkbox"/> 3. OKRIKA LGA IDENTITY <input type="checkbox"/>							

TRADER'S UNDERTAKING

I Hereby Certify That The Information I Have Given Of Myself Above, Is True And Correct To The Best Of My Knowledge, If Found Otherwise, I Should Be Removed From The Scheme

TRADER'S NAME

TRADER'S SIGN

INDICATE YOUR WARIKUBU:

1. ADASIMAKA WARIKUBU: Chairman:(Name/Sign) Sec:(Name/Sign):
2. EBENE WARIKUBU: Chairman:(Name/Sign) Sec:(Name/Sign):
3. ABEKA WARIKUBU: Chairman (Name/Sign) Sec:(Name/Sign):

FATHER'S NAME/PHONE NO: (OR WITNESS):

MOTHER'S NAME/PHONE NO: (OR WITNESS):

FOR OFFICIAL USE ONLY

AUTHORIZED SIGNATURES FOR APPROVAL:
(Name/Sign)

COMMITTEE SECRETARY

COMMITTEE CHAIRMAN

NB: THIS FORM IS NOT FOR SALE AND THEREFORE NOT TO BE REPRODUCED FOR ANY REASON. FILL IN CAPITAL LETTERS.