



ACCRA POLYTECHNIC AND THE CHARTERED INSTITUTE OF LOGISTICS AND TRANSPORT

TO BE COMPLETED IN DUPLICATE AND RETURNED TO
THE HEAD OF THE OFFICE OF ACADEMIC AFFAIRS

Accra Polytechnic, P. O. Box 561, Accra.

Affix Pix

(Use blue pen and block letters)

1. Name of Applicant: Mr./Mrs./Miss./Ms.

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Surname

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First name

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Middle name(s)

2. Gender M F

3. Date of Birth

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4. Nationality:.....

5. Indicate the program of your choice.

- a) International Professional Certificate in Logistics and Transport (CILT 1)
- b) International Professional Diploma in Logistics and Transport (DILT 1)

7. Postal Address

.....Tel No.

8. Email Address (Compulsory).....

9. a) Present Occupation.....

b) No. of years in present occupation.....

c) Present Employer's Name and Address.....

d) Total Working Experience.....
 10. PREVIOUS EDUCATION

Name of School	Date of Attendance		Certificate Awarded
	From	To	

APPLICANT'S DECLARATION

I hereby declare that the above particulars about me are to the best of my knowledge correct.

SignatureDate.....

DECLARATION

This declaration should be signed by the person who endorsed one of your passport size photographs. This person should be the holder of a responsible position. The application will not be valid if this declaration is not signed.

I CERTIFY THAT the photograph endorsed by me is the true likeness of the applicant.

Mr./Mrs./Miss.....
 who is personally known to me. I have inspected the certificates submitted by the applicant and to the best of my knowledge they are genuine.

Signature & Stamp.....Status.....

Name.....Date.....

Occupation.....Address.....

IMPORTANT

- The following enclosures should accompany the completed application form;
- (i) Copies of certificates or result slips.
 - (ii) Three recent passport size photographs, one of which must be endorsed.

This application form can be downloaded from www.accrapoly.edu.gh or www.ciltgh.org

FOR OFFICE USE ONLY

I have vetted the application and can certify that the information provided is in consonance with the requirements of the Chartered Institute of Logistics and Transport.

Name of officer.....

Signature.....Date.....