

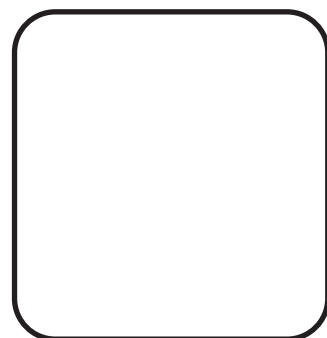


**AFRICAN AMERICAN
BUSINESS SCHOOL**

N I G E R I A

www.aabs.net.ng

APPLICATION FORM



Surname: _____

First Name: _____ Other Name: _____

Date of Birth: _____

Nationality: _____ Sex: Male () Female ()

State of Origin: _____

Local Government Area: _____

Address: _____

Profession: _____

Phone Number(s): _____

Email: _____

I confirm that the informations provided in this
application form are correct, I have understood and agree to abide by all
AFRICAN AMERICAN BUSINESS SCHOOL, NIGERIA
rules and regulations

Signature of Student

Date

**RETURN COMPLETED FORM WITH THE FOLLOWING REQUIREMENTS:
4 Passport photographs, and Photocopy of Credentials.**