



Plot 6, S&T Barracks Road, Opposite Uselu Market, Uselu,  
PMB. 1729, Benin City, Edo State, Nigeria  
[www.lapoinstitute.edu.ng](http://www.lapoinstitute.edu.ng)

**APPLICATION FORM FOR THE 2021/22  
ACADEMIC SESSION**

AFFIX YOUR RECENT  
PASSPORT HERE

APPLICANT'S SURNAME -----

FIRST NAME -----

OTHER NAME -----

PROGRAMME (eg. ND) -----

COURSE -----

NOTE: Type or Print in block letters



**1. PERSONAL DATA**

- a) Name: -----
- b) Postal Address: -----  
-----
- c) Permanent Home Address: -----  
-----
- d) Date of Birth: -----
- e) Sex: -----
- f) Nationality: -----
- g) State of Origin: -----
- h) Local Govt Area: -----
- i) Marital Status: -----
- j) Maiden Name: -----
- k) Religion: -----
- l) Phone No.: -----
- m) E-mail Address: -----
- n) Co-Curricular Activities (eg. Sports/hobbies) -----

**2. OTHER PERSONAL DETAILS: PARTICULARS OF PARENT/GUARDIAN**

- a) Name: -----
- b) Occupation: -----
- c) Relationship to Applicant: -----
- d) Address: -----
- e) E-Mail: ----- Phone No. -----

**3. NEXT OF KIN**

- a) Name: -----
- b) Occupation: -----
- c) Relationship to Applicant: -----
- d) Address: -----
- e) E-Mail: ----- Phone No. -----





**6. DECLARATION/ UNDERTAKEN**

I \_\_\_\_\_ hereby declare that the information as given in this application form is correct. I agree that any false or incomplete information given in this form automatically disqualifies me from any course of study in LAPO Institute for Microfinance and Enterprise Development. I also undertake to abide by the rules and regulations governing the admission process as well as the general administration of the institute and that failure to do so may result in my summary expulsion with no refund.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**7. ATTESTATION**

I hereby confirm that the applicant Mr/Mrs/Miss \_\_\_\_\_  
Is known to me and also that the information provided by him/her, is to the best of my knowledge true and correct.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**8. FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Application Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Further comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date