

INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT

(APPROVED BY THE FEDERAL MINISTRY OF EDUCATION) ${\color{blue} \textbf{AND}}$

(ESTABLISHED BY THE FEDERAL GOVERNMENT DECREE NO. 1. OF 1990)

APPLICATION FORM NUMBER:.....

*** (Please fill clearly in block letters and mark tick in appropriate box) ***

1.	Names			
2.	Date of Birth: Day Month Year			
3.	Sex: Male [] Female [] 7. Marital Status: M. [] UM. []			
4.	Nationality:			
5.	Present Mailing Address:			
	(In capital letters)			
	CityState			
	E-mail address (if any):			
	Telephone:			
6.	Permanent Home Address:			
	(in capital letters)			
	CityDistrictState			
	Pin Code: Telephone:			
7.	Educational Data:			
No.	Educational Information on qualifications and Dates			
1.				
2.				
3.				
4.				
5.				
3.	(a) Whether Employed: Yes [] No []			
	(b) If Employed give Name of Employer			
9.	(a) Payment Details: Cash [] Draft []			
	(b) Mode of Payment of fee: Lumpsum []. Instalment: []			
	Name of Bank Demand Draft No. Date of Issue Amount			
10.	Do you want study material to be sent by Regd. Post? Yes [] No []			
11.	Option for Examination: a) at examination Center. []			
	b) By postal Examination []			
	c) By online Examination []			

12. a) Have you opted for fast track system to complete the course	? Yes[] No[]		
b) If yes, have you enclosed fee for Fast Track System.	Yes[] No[]		
13. You came to know about this course through			
(a) News Paper [] (b) ICRM Student [] (c) Internet [] (d) Any other means []			
14. Instructions			
Completed application form should be sent to "INSTITUTE OF CUSTOMER RELATIONSHIP MANAGEMENT", No. 5, Olaide Tomori Street, Off Simbiat Abiola Road, (Formal Medical Road)			
Behind Lagos City Polytechnic, Ikeja, Lagos State, Nigeria, West Africa. By Registered			
Post/Courier/Speed Post. The application form should be accompanied with the required fee crossed			
Demand Draft drawn in favour of "Institute of Customer Relationship Management" payable at any branches of Access Bank in Nigeria.			
<u>-</u>			
Method of Payment: 1. Poyment and he made in each or cartified bank draft in favour of the Institute of Customer			
1. Payment could be made in cash or certified bank draft in favour of the Institute of Customer Relationship Management.			
2. Payment could also be made into the Institute official bank	account at any of the branches	of:	
Bank: ACCESS BANK PLC			
Branch: Ogba Ikeja.			
Account Name: The Institute of Customer Relationship Management.			
Account No.: 0880010001587			
15. Declaration			
I have carefully read the Student Application Form of ICRM and her Programmes as given in the			
information brochure and agrees to abide by the same. I hereby declare that if I am enrolled in the			
programme applied, I agree to pay my fee on specified dates. Once the admission is confirmed, refund of fees won't be possible. I further declare that the information provided by me in the application is true to the			
best of my knowledge and belief. A list of enclosures is attached with this application form.			
Date Place	Signature of Student		
For Office Use Only			
Application Received on Enroln	ent No		
Admitted onProgra	mme		
Receipt No Date Mode of	f Payment		