

**PAY TO: CHARIFE PROPERTIES LTD
ACCT: 0505021273 | STERLING BANK PLC**

PERSONAL DETAILS:

NAMES: _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____

APPLICATION DATE: _____

CAREER DETAILS:

CAREER CERTIFICATION(please state as many as possible) Also include name of institute of certification:

SKILLS: (please state as many as possible) optional:

APPLICANT'S SIGN _____

ATTESTATION: I hereby confirm that all the above information is correct and complete to the best of my knowledge.

Remember to follow us on: |   @charifeinnovate

FORM SUBMISSION

Fill the application form and submit alongside Proof of Payment at our various Training Centre close to you:

LAGOS:
12A Yinka Bello Street,
Lekki Phase-1
📞 09165829880

ENUGU
1A Chime Avenue,
by Otigba Junction Enugu
📞 08069812614

ABUJA
6a Embu Street off Aminu Kano
Crescent, Wuse 2, Abuja.
📞 09165829880

Or Send via email: enroll@charifeinnovationacademy.com