



ZAMBIA INSTITUTE OF ADVANCED LEGAL EDUCATION

POSTGRADUATE DIPLOMA IN LEGISLATIVE DRAFTING

REGISTRATION FORM

SESSION: 2022

Student No. _____ (Official Use)

SURNAME: _____ FORENAME(S): _____

GENDER: _____ NATIONALITY: _____

NRC/PASSPORT NO.: _____ (Attach copy)

YEAR OF ENROLMENT.: _____

YEAR CALLED TO THE BAR _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

MOBILE NUMBER(S): _____

EMAIL ADDRESS: _____

DATE: _____ SIGNATURE _____

<i>Official Use Only</i>	
FINANCE DEPARTMENT (PAYMENT VERIFICATION)	
NAMES _____	SIGNATURE _____
PROGRAMMES AND PLANNING UNIT (REGISTRATION APPROVAL)	
NAMES _____	SIGNATURE _____

Attach: Tuition fee payment receipt and Invoice from ZIALE Accounts Unit