



SWAHILI COURSES REGISTRATION FORM

Complete the questionnaire and return it to KIU: E-mail: info@swahilicourses.co.tz
 Tel: +255 739 921510 / =255 754 271263 / 0713 440045
 Box 2345, D'salaam, Tanzania. Web: www.swahilicourses.com

Name:

Address:

Organisation / Company:..... E-Mail:.....

Telephone: Fax:

OCCUPATION/ACTIVITY:

Nationality:

Course chosen Beginner Advance Beginner Intermediate Advance

Kiswahili background:

When would you like to start and finish?

What type of training situation will most suit you? Individual Group

Would you like intensive or part-time training?

Where would you like to take your training?

<input type="checkbox"/> Msasani Tower(HQ)	<input type="checkbox"/> Iringa
<input type="checkbox"/> Nyumba ya Sanaa	<input type="checkbox"/> Zanzibar
<input type="checkbox"/> Slipway	<input type="checkbox"/> Arusha
<input type="checkbox"/> Russian Cultural Centre	<input type="checkbox"/> Home <input type="checkbox"/> Office
<input type="checkbox"/> Salvation Army	<input type="checkbox"/> Elsewhere (specify)

Tuition fees will be, Payable in Advance by cash ,Cheque or to KIU Bank account

OTHER SUGGESTIONS:

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Trainee Signature: Date.....

KIU Comments:.....

Signature for KIU