

## SWAHILI REGISTRATION FORM

2020 EHO

Complete and return it to KIU Ltd: E-mail: [info@swahilicourses.co.tz](mailto:info@swahilicourses.co.tz). Tel: 075 4271263 / 071 3440045  
Box 2345, Dar es Salaam, Tanzania. Web: [www.swahilicourses.co.tz](http://www.swahilicourses.co.tz)

Name: .....

Address: .....

E-Mail: ..... Telephone: .....

Organisation / Company: ..... Nationality: .....

Occupation/Activity: .....

1. Course chosen ☐ Beginner ☐ Advance Beginner ☐ Intermediate ☐ Advance

2. Kiswahili background: .....

3. When would you like to start and finish? .....

Number of hours; ..... Days; .....

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

5. Would you like intensive ☐ or part-time ☐ training?

6. Where would you like to take your training? ☐ Msasani Tower (HQ) ☐ Arusha  
☐ Russian Cultural Centre ☐ Iringa  
☐ Office ☐ Home ☐ Zanzibar  
☐ Salvation Army ☐ Elsewhere (specify)  
☐ Online: Zoom\_\_ Skype\_\_ Hangouts\_\_ WhatsApp\_\_ Other\_\_

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

8. OTHER SUGGESTIONS: .....

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9. Trainee Signature: ..... Date: .....

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KIU Comments: .....

Signature for KIU .....