Please attach one passport sized photograph

ICLP-CCC COURSE ON SHIPPING LAW & PRACTICE

APPLICATION FORM

1. Personal Details (PLEASE WRITE IN BLOCK CAPITALS)

Mobile –

1. Surname/fam	ily name	First name(s)/given name(s)	
2. Title	Mr.	Mrs. Ms. Other	
3. Date of birth		day / month / year	
4. Sex Male Female			
5. Address Residence		Official	
Telephone numb	er -	Email Address -	

6. Degree, diploma or teaching certificates

Give full details of degrees, higher educational diplomas or certificates. This information must include the awarding/examining body, the full title of the award, the date awarded, subjects passed in the final examination, the length of the course and whether the course was taken full time or part time.
7. Occupational and professional qualifications
Give full details of any final examination/s which you have passed, indicating membership (including level/status), if appropriate.
8. Other awards
Give full details of any other subjects you have undertaken, including those which did not lead to an examination.
9. English language proficiency
A. What was your language of secondary education?
B. What language do you normally speak at home and at work?

10. Work experience

What is your current/previous occupation? (Include length of service.) Please tell us if you are not working or are retired and give details of your previous employment.

11. What are your reasons for applying to register to this qualification?

(Please give your reasons below in a minimum of 100 words; you may continue on a separate sheet if you wish.)

12. Check list

(Please read the following carefully before posting your application.)
This completed application form must be submitted to the **Institute for the Development of Commercial Law & Practice**, (address below) together with the following:

- Certified evidence of your full name and date of birth (e.g. birth certificate/NIC)
- Certified evidence of the highest academic/professional certificate(s) and proof of employment.
- A passport sized photograph attached to the front of the application.

Return all the above to:

Program Officer, Institute for the Development of Commercial Law & Practice, 53/1, Ananda Coomaraswamy Mw, Colombo 7

Declaration to be signed by the applicant – please read carefully **before** signing

true and correct.
b) I agree to the Institute for the Development of Commercial Law & Practice (ICLP) processing my personal data contained in this form and other personal data that the ICLP may obtain from me or from other people connected with my studies and employment.

a) I declare that the statements made by me on this form are, to the best of my knowledge and belief,

Signature - Date -