



REGIONAL CERTIFICATE IN AGRICULTURAL FINANCE (CAF)

APPLICATION FORM

INSTRUCTIONS TO APPLICANTS

- a) All applicants must send either via DHL, or any other form of preferred postage, one (1) signed copies of this application form together with the following items:
 - i) Certified copy of highest certificate and transcript;
 - ii) Current Curriculum Vitae, and
 - iii) Evidence of payment due to the School, as per the **'Financial Declaration'** part below.
- b) Any payments due to the School should be made at the following account details:
 - i) Bank Name: STANDARD CHARTERED BANK KENYA LIMITED; Branch Name: RUARAKA,
 - ii) Bank Account Name: K.S.M.S. - COLLECTION ACCOUNT; Bank Account Number: 0102001233100 and S.W.I.F.T. / Routing Code: SCBLKENXXX.
- c) If Scanned copies of the items, Applicants may also scan all the above documents including the signed application form and email the same to registrar@ksms.or.ke
- d) Application should be addressed to **The Executive Director, KSMS, P. O. Box 65041 - 00618, NAIROBI KENYA.**
- e) This application must be sent through the employer if nominated.

SECTION A – TO BE COMPLETED BY THE APPLICANT

Name: _____

Date of Birth: _____ Sex _____

Marital Status: _____

Citizenship: _____

National I.D./Passport No. _____

Current Postal Address: _____

Telephone No. _____ Fax: _____

E-Mail Address: _____

Permanent Postal Address (if different from the current postal address) _____

Name of Next of Kin _____ Relationship _____

In case of emergency contact: _____

Postal Address of Next of Kin _____

Telephone: _____ Fax: _____

Academic Qualifications (Copies of transcripts and certificate to accompany application)

Date	Institution	Qualification

Work History (START WITH PRESENT EMPLOYER)

Date	Employer	Main Responsibility

Referees

Give names and addresses of one referee (This should be your employer)

Name: _____

Position: _____

Postal Address: _____

Financial Declaration:

I, _____ (Name) will cover the cost of my studies and/or my living expenses at the School with:

- i) Self financial resources from my employer (Yes/No)
- ii) KSMS/USAID Scholarship if awarded
- iii) Sponsorship by (Name) _____

Relationship _____
Address _____

Accommodation:

I plan to reside on campus/off-campus (Delete as appropriate noting that preference will be given to Non-Kenyans) _____

Declaration

I hereby declare that the information given in this form is correct.

Applicant's Signature _____ Date: _____

SECTION B: FOR OFFICIAL USE ONLY

Year _____ Application Number _____

Date application received _____

Recommendation: Accept _____ Reject _____

If accepted, Admission Number _____

Signed by Head, Academic Division: _____

Date: _____