



ANGAZA MEDIATION CENTRE {AMC}

{ACCREDITED BY MEDIATION ACCREDITATION COMMITTEE(MAC)}

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MEDIATION APPLICATION FORM

NAME OF APPLICANT: _____ (SIR NAME FIRST NAME LAST NAME)
PHONE NUMBER: _____
ID/PASSPORT NO.: _____ NATIONALITY: _____
DATE OF BIRTH: _____ GENDER: _____
RELIGIOUS: _____ MARITAL STATUS: _____
COUNTRY: _____ POSTAL ADDRESS: _____
COUNTY: _____ SUB COUNTY: _____
OCCUPATION/PROFESSION: _____
DO YOU HAVE ANY FORM OF DISABILITY? YES/NO _____ IF YES INDICATE _____

PASSPORT
PHOTO

MODE OF STUDIES

☐ FULL TIME ☐ EVENING ☐ WEEKEND ☐ E-LEARNING ☐ SCHOOL BASED

ACADEMIC/PROFESSIONAL DETAILS

- ✓ List all institutions attended and the qualification obtained starting with the latest
- ✓ Attach copies of transcript and certificates obtained

Institution Attended	From: (Month and Year)	To: (Month and Year)	Qualification Obtained
i) Academic			
ii) Professional/ Portfolio of Evidence			

APPLICANT'S DECLARATION

I declare that the information given herein is true and accurate to the best of my knowledge and fully understand that any information found to be false would lead to automatic disqualification.

Applicant's Full Name: _____ ID/Passport No.: _____

Applicants Signature: _____ Date: _____

OFFICIAL USE ONLY

Remarks: _____

Academic Registrar Name: _____

Signature: _____ Date: _____

APPLICATION FEES

Amount: Kshs 1,000 Paid to : Paybill 247247 Account: 1370 2829 2994 3 (Paid Once, Nonrefundable)