



OWNER DIRECTOR PROGRAMME (ODP)

All information in this form will be treated as confidential and will only be used by CEIBS Admission Committee

Application Checklist

Valid ID | Passport Photo | Academic Certificates | Curriculum Vitae (CV)

Personal Information

Title: Dr. Mr. Mrs. Miss.

Last Name First Name Other Name(s)

Nationality Date of Birth Business Tel

Fax Mobile Email

Native Language Highest Education

Job Title No. of employees you are responsible for

How did you hear about the programme?

- Media. Please Specify
Course information received by email
Recommended by CEIBS Employee
Recommended by colleague or friend
CEIBS website (www.ceibs.edu/africa)
Other, please specify

What industry are you in?

- Aerospace/Aerospace Equipment
Pharmaceutical/Health Care
Hospital/Hospital Investment
Business Consulting/Business Service
Real Estate/Infrastructure
IT/Hi - Tec
Consumer Product
Telecommunication
Material
Electronic
Transportation/Logistic
Petroleum/Oil/Gas
Beverage/Food
Government
Automotive
Power/Power Equipment
Hotel/Resort
Chemicals
Retailing/Wholesaling/Trading
Manufacturing
Electrical
Textile/Garment/Leather
Media/Culture
Financial Service/Insurance
Conglomerate
Hotel/Resort
Paper/Printing/Packaging

Other, please specify

I certify that all the information above is authentic and accurate.

Signature Date