



**Port Harcourt Office**  
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Affix Passport  
 Photograph Here  
 (most recent)

**REG. NO:** \_\_\_\_\_

**Student Registration Form**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ (Surname) \_\_\_\_\_ (First name) \_\_\_\_\_ (Other name)

Contact Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

State of Origin: \_\_\_\_\_ Local Govt. Area: \_\_\_\_\_ NYSC Year \_\_\_\_\_

Occupation: \_\_\_\_\_ Next-of-Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Highest Level Of Education**

Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Higher Institutions \_\_\_\_\_

**Write your name in BLOCK FORM and how it should appear in ALL your certificates**

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Maximedge Technology & Consulting Limited will not be responsible for any error(s) on the names written on your certificate, mistake(s) from applicant attract certificate processing fee Leave a space between each name to ensure clarity

**Professional Qualifications**

Training Provider	Month	Year	Certificate

**Course(S) Of Choice**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Mode Of Training**

**Training Schedule**

Classroom  Online  In-house/In-company  Regular  Weekends  Customized

How did you find us: \_\_\_\_\_ Referral code (if any): \_\_\_\_\_

**Cautions**

- All payments should be made at the office, training centers or to the bank and ensure to obtain an evidence of payment
- There shall be no refund of payment in part/full after registration.
- All payment MUST be made in part/full before you start training, qualified to write exams

**Declaration**

I \_\_\_\_\_ hereby declare that all the information supplied on this form is accurate and up-to-date and that I bind myself to the rules and regulations regulating the company.

**Signature and date:** \_\_\_\_\_

**BANK PAYMENT DETAILS**  
 MAXIMEDGE TECHNOLOGY &  
 CONSULTING LIMITED  
 1025279451 UBA BANK

**Official Use Only**

**Acknowledgement Statement**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approval  Pending  Rejected  
 \*If rejected give reason(s) \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_