



ASSOCIATION OF ESAN PROFESSIONALS

C/o 6A, Mayben Offices, By Northern Foreshore Estate,
Chevron Drive, Lekki, Lagos

Tel: 08034307344, 08032033438, 08091991622

Email: esanprofessionals@gmail.com Website: associationofesanprofessionals.com

VOCATIONAL SKILLS EMPOWERMENT PROGRAM

APPLICATION FORM

Date / / NIN

BVN Application Number _____

Affix
Current
Passport
Photograph
Here

PERSONAL INFORMATION

Title: _____ Surname: _____ First Name: _____

Middle Name: _____ Sex: Male Female Status: Married Single Separated Divorced widowed

Date of Birth: / /

Nationality _____ State of Origin _____ L.G.A of Origin _____

Current Residential Address: House Number/Street _____ Area/City _____

Landmark/(Nearest Bus Stop) _____ LGA _____ State _____

Country _____ Mobile No 1 Mobile No 2

Home/Business Phone Email Address _____

Mother's maiden Name _____

Means of Identification

National ID Card National Driver's License Int'l Passport Valid INEC Voter's Card Others (pls specify) _____

ID No ID Issue Date / / ID Expiry Date / /

Educational Qualification

M.Sc. B.Sc./HND OND WAEC/SSCE JSCE Primary School Leaving Certificate Professional

Others (pls specify) _____

Schools attended and dates _____

Certificate/Testimonial issued and dates _____



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Title _____ Surname _____ First Name _____

Relationship _____ Residential Address _____ Landmark _____

Area/City _____ LGA _____ State _____ Country _____

Mobile No 1 Home/Business Phone Email _____

TRAINING DETAILS

Type of Trade/Vocational Skill _____

Institution/Place of Training _____ Phone No _____

Type of Institution: Government Private Sole Proprietorship Address _____

Landmark _____ Area/City _____ LGA _____ State _____

Country _____ Sector/Trade _____ Years of Training

Training Completion/Freedom Date Grade _____ Total Post Training Experience (in years) _____

START-UP DETAILS

Gross Start-Up Amount (₦) Amount in words _____

List of Basic Start-Up Equipment

Amount (₦)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Type of Shop Required _____ Annual Rent (Amount ₦) _____

ATTESTATION

I attest that I am in good health and I have no serious medical condition that could limit/impair my capacity to carry out my trade/vocation. I irrevocably authorize the Association of Esan Professionals (AEP) to:

- Verify the information contained in this application.
- Obtain and verify any additional information relating to this my application as it deems necessary from any authority or person.

I, _____ hereby attest that the information provided here in are true and correct to the best of my knowledge.

Applicant Signature _____ Date: / /



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REFEREES

1) AEP Member from Applicant's Local Government Area

Name _____ Signature _____ Date _____

2) Village/Community Head/Chief

Title _____ Surname _____ First Name _____

Residential Address _____ Landmark _____

Area/City _____ LGA _____ State _____

Mobile No 1

Home/Business

Email _____ Signature _____ Date _____

I, _____ hereby attest that the information given by the applicant is true and correct to the best of my knowledge.

Relationship _____ Signature/Date _____

DOCUMENTATION CHECKLIST

1. Application form duly completed Yes No
2. Proof of Identity Yes No
3. Address verification (utility bill) Yes No

Program Director _____ Signature/Date _____
Name

AUTHORIZATION

Amount Approved (₦) _____ / /

Committee's Chairman _____ Signature/Date _____
Name

AEP President _____ Signature/Date _____
Name

FOR OFFICIAL USE ONLY

1) Financial Secretary _____ Signature/Date _____
Name

2) Treasurer _____ Signature/Date _____
Name

