



## APPLICATION FORM FOR SHORT COURSE ON POSTHARVEST, FOOD PROCESSING AND PACKAGING TECHNOLOGIES

### A. Applicant Information

Name of Applicant (First/middle/surname): .....

Address: .....

Mobile Number: ..... WhatsApp..... skype.....

Email:.....

Education level:..... Institution:.....

### B. Please describe your main reasons/expectation for joining the program

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### C. Payment procedure

Payment should be made to the account below and copy of the pay slip emailed to **Dr. Lilian Kaale** ([elykaale@gmail.com](mailto:elykaale@gmail.com), 0713 133 030/ 0689 840385) for confirming registration.

NOTE: Cash payment is not acceptable.

Account Name: **BUREAU FOR INDUSTRIAL COOPERATION**

Account Number: **0221 0100 2186**

Bank: **NATIONAL BANK OF COMMERCE (NBC) LTD**

Branch: **UBUNGO**

Swift Code: **NLCBTZTX**

