



TRI - AFRICA

"Shaping the future"

Contact us on +256 787753404 / +256 761313034

Email: techresin@gmail.com

Attach Photo

YOUTH REGISTRATION FORM

YOUTH DETAILS

Surname: _____ Other Name: _____

Date of Birth: ____/____/____ Sex: _____

Occupation: _____

Marital Status: _____ Number of Children: _____

Religion: _____ Tel: _____

LOCATION

District: _____ Sub county: _____

County: _____ Parish: _____

Village: _____

BANK DETAILS

BANK NAME: _____ ACCOUNT NO. _____

BRANCH NAME: _____

DETAILS

Business Name: _____

Activity: _____

OFFICIAL USE

Administrator's Name: _____ Signature _____

Date: ____/____/____