



**THE INSTITUTE OF SALES AND MARKETING MANAGEMENT OF NIGERIA (ISMMN)**  
**(The Three Concepts Professional)**

Established by act of parliament 2007

Motto: **CONSUMER SATISFACTION**

Corporate office: 123 Ojuelegba Road, Surulere, Lagos.

PASSPORT

## **COURSE APPLICATION FORM**

*(This form must be accompanied by an application fee of N10,000 payable by cash or Bank draft)*

### **SECTION 1: GENERAL INFORMATION**

Surname	First name	Other names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title: (Mr., Mrs., Miss, Dr Etc)	Date of Birth (Day/Month/Year)	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Address		
<input type="text"/>		
Telephone Number(s)	E-mail Address	Fax No
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please indicate your course programme category as appropriate;**

- Certificate Course on Sales and Marketing Management (CC)
- Diploma Certificate on Sales and Marketing Management (DC)
- Advanced Diploma Certificate on Sales and Marketing Management (ADC)
- Professional Graduate Diploma Certificate on Sales and Marketing Management (PGDC)
- Professional Advanced Diploma Certificate on Sales and Marketing Management (PADC)

Gender

Male

Female

**SECTION 2: ACADEMIC QUALIFICATIONS**

INSTITUTIONS	FIELD OF STUDY	DEGREE OBTAINED	YEAR

**SECTION 3: EMPLOYMENT RECORDS**

S/N	EMPLOYER'S NAME AND ADDRESS	POSITION	YEAR OF SERVICE
1.			
2.			

**SECTION 4: APPLICATION FEE PAYMENT DETAILS**

Payer's name		Amount Paid
<input type="text"/>		<input type="text"/>
Bank	Teller No	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 5: REQUIREMENTS**

- a.** Completed course application form(s) should be returned with: Bank Certified cheque/draft or cash covering stipulated registration fee.
- b.** Name and Address of the applicant must be written at the back of the cheque/draft (Payable to ISMMN) only.
- c.** Attach two (2) recent passport photographs.
- d.** Attach Photocopies of credentials and other relevant

**SECTION 6: SPONSORSHIP (OPTIONAL)**

I/We, \_\_\_\_\_ agree to sponsor the above applicant.

Sponsorship/Company's Telephone No

E-mail Address

Sponsorship/Company's Address and Signature

**FOR OFFICIAL USE ONLY**

Date Application Received: ..... Membership No: .....

Course Applied for: .....

Payment Receipt No: ..... Date of Registration: .....

Other Remarks: .....

Names And Signature Of Vetting Officer: .....

Application Approved/ Not Approved By: .....

Signature

Date

Course Rector ISMMN

**ISMMN BANK DETAILS**

**PAY TO:** The Institute of Sales and Marketing Management of Nigeria (ISMMN).

**BANK:** Sterling Bank ACCOUNT NO: 0068350810  
Fidelity Bank ACCOUNT NO: 4010058447

**ISMMN CONTACT DETAILS:**

**Tel:** +234 (0) 703 574 7972, (0) 812 631 1840

**Website:** [www.ismmn.com.ng](http://www.ismmn.com.ng) **Email:** [info@ismmn.com.ng](mailto:info@ismmn.com.ng) or [ismm,Nigeria@gmail.com](mailto:ismm,Nigeria@gmail.com)