

## REGISTRATION FORM

Name: \_\_\_\_\_ Passport ID/Driver License ID/ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Name of the Ministry: \_\_\_\_\_

Ministry phone Number: \_\_\_\_\_ Ministry Address: \_\_\_\_\_

*Please tick which office you hold in the ministry*

Apostle     Prophet     Evangelist     Pastor     Teacher     Bishop

Others: \_\_\_\_\_

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

