

KASNEB

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STUDENT IDENTIFICATION CARD FORM

LAST NAME

FIRST NAME

MIDDLE NAME(S)

REGISTRATION NO.		EXAMINATION

CPA/CPS/CICT/CSIA/CCP/ATC/ICTT/IST/CMT

PASTE YOUR
COLOUR
PASSPORT SIZE
PHOTOGRAPH
HERE

ID NO.

SIGNATURE

PLEASE READ THE NOTES AT THE BACK OF THIS FORM BEFORE COMPLETING THE FORM

NOTES

1. The information required on the form should be written clearly in CAPITAL LETTERS.
2. Please do not fold this form.
3. The signature should strictly be inside the box provided.
4. Please do not rubber stamp on the face of the photograph.
5. **Payment details:**

I enclose cash/cheque/money order/bank deposit slip no. _____ for Sh. _____ in respect of replacement of/student identification card fee.

Please note that the student identification card form shall be retained by the bank if payment is made through the bank.

MAILING ADDRESS

C/o _____

P.O. Box _____ Code _____

Town/City _____

Country _____

Email _____ Cellphone _____ Telephone _____

FOR OFFICIAL USE ONLY

Receipt No. _____ Date _____

Amount (Sh.) _____ Signature _____

Date Card issued _____ Posted by _____