



NIGERIAN BAR ASSOCIATION

OWERRI BRANCH

RECENT
PASSPORT
PHOTOGRAPH

REGISTRATION FORM

1. Full Name.....
2. Date of Birth.....
3. Year of Call..... Sc. No.....
4. Law Firm.....
5. Address of Law Firm:.....
6. Position in Law Firm.....
7. Place of work(For those who are not in private practice)
.....
8. Work Designation/Position.....
9. Registering for the first time? Yes No
- 10.If no, state former Branch.....
Reasons for leaving the branch.....
- 11.Mobile Phone Number.....
- 12.E-mail Address.....
- 13.Home Address.....
- 14.Permanent Home Address.....
- 15.Nationality..... State.....
- 16.Local Government Area.....
- 17.Religion
- 18.Next of Kin.....
- 19.Phone no. of Next of Kin.....
- 20.Address of Next of Kin.....

I hereby affirm that the information supplied above by me is true.

Signature/Date...../

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Chairman's Signature

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Financial Secretary's Signature