

REGISTRATION FORM

NAME:.....

ADDRESS:.....

SEX:..... STATUS.....

NO_ OF CHILDREN.....

OCCUPATION:.....

AGE:..... NATIONALITY:

CITY:.....

STATE:.....

CODE..... TEL:

E-MAIL:

PARTNERS MONTHLY COMMITMENT

(1) CARE MINISTRY ONLY

(2) PUBLICATION ONLY

(3) NEHEMIAH PROJECT FUND ONLY

(4) OUTREACH PROGRAMME

(5) COMBINATION OF 1 & 2 OR ALL

Total Monthly Commitment:

#.....

A/C Name: Oceanic Bank Plc.

A/C Name: Patrick Utulu

A/C No.: 1110001009542