



COMPUTER PROFESSIONALS (REGISTRATION COUNCIL) OF NIGERIA

(Established by Decree No. 49 of 1993)

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PROVISIONAL REGISTRATION/LICENSING FORM FOR COMPUTER BASED TESTING (CBT) CENTER

SECTION A: CENTRE INFORMATION

CENTRE NAME:	LOCATION:
ADDRESS	TOWN:
	LOCAL GOVERNMENT AREA:
	STATE:

SECTION B: CENTRE FACILITY

NO. OF COMPUTERS/TERMINALS:	NO. OF ROOMS/HALLS:	CENTRE CAPACITY:
INTERNET FACILITY: YES [] NO []	ISP NAME:	
NO. OF UPS.:	ALTERNATE POWER SUPPLY:	

SECTION C: CONTACT PERSON

FULL NAME:	
COMPANY:	
E-MAIL ADDRESS:	TELEPHONE NO.:

I/We hereby declares that all information given in this form are to the best of my/our knowledge and belief, correct and that if fully understands the provision of Decree 49 of 1993 under which considerations to be given to my/our application for license.

SIGNATURE (With official Stamp/Seal)	DATE
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SECTION D: OFFICE USE

PROVISIONAL REG. NO.	APPROVED BY	SIGNATURE	DATE
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