

AFRICAN NATIONAL CONGRESS (S.A)DEPARTMENT OF MANPOWER DEVELOPMENT : MAZIMBUREGISTRATION FORMName and Surname: Lietota Zephania

Age and date of birth: _____

Sex: Male

Marital status _____

Do you have any children: _____

If yes, ages, number etc: _____

Date of arrival in Mazimbu/Dakawa: _____

Where do you come from: _____

Profession acquired: International Law. (Masters LLM)Any scholarship awarded before, where: Yes (Moscow P. Lumumba)

Have you any future plans: _____

Did you work in any ANC dept. before where, which one: _____

Level of education: _____

Subjects studied: _____

Health problems if any: _____

Address of the next of kin: _____

Signature: _____

For office use only

Date: _____

Remarks: Consider for the Adm Section NSC/

Signature: _____

DMD Rep. East Africa

