



Form No.....

**AFRICAN VILLAGE PACKAGIES REGISTRATION FORM**

First Name..... Surname .....

Date of Birth: [ ][ ][ ][ ][ ][ ][ ][ ] Home Town .....

Mobile Phone..... Residential Address .....

Gender: Male  Female  Languages Spoken: .....

Postal Address ..... Nationality: .....

Occupation: .....e.g. Businessman, Teacher, Civil Servant and etc

E-Mail Address: .....

( ID Type)..... ID No..... Expiry Date .....

Marital Status: Single  Married  Divorced  Widow

Allergy Diet: .....

Signature of applicant: ..... Date: .....

**NEXT OF KIN DETAILS**

First Name ..... Surname .....

Residential Address .....

Postal Address: .....

Occupation: ..... Signature .....

*Payment for the African Village Hospitality Packages shall only be paid to Account Name: Africa Village Global, Account Number : 1681600001203, GCB Bank , Airport City Branch Accra  
NOTE: payment made to unauthorized source are at the applicant's risk.*

**OFFICIAL USE ONLY:**

**RECEIVED BY:**

**APPROVED BY:**

Name: .....

Name: .....

Sign: .....

Sign: .....

Date: .....

Date: .....

**Africa Village Global Ltd.**