



SHORT COURSE REGISTRATION FORM

COURSE DETAILS

NAME OF COURSE: _____

CLIENT DETAILS

FULL NAMES: _____

EMAIL: _____

PHONE NUMBER: _____

INSTITUTIONS DETAILS

(If you are Sponsored by a Company enter details here)

INSTITUTION NAME: _____

DESIGNATION: _____

ADDRESS: _____

CONTACT NUMBER: _____

CITY: _____

PROVINCE: _____

OFFICIAL USE ONLY

COURSE START DATE: _____

AMOUNT PAID: _____

SIGNATURE: _____

NOTE: Please complete the registration form and submit with proof of payment to Email admissions@lsuczm.com or WhatsApp Number. +260 770359518

Attach a deposit slip to the registration form to confirm your booking.

Bank Details are as follows:

Account Name: LUSAKA SOUTH UNIVERSITY COLLEGE

Account Number: 5947236500193

(ZMW)Bank: ZANACO

Branch Name: ACACIA PARK BRANCH

Branch Code: 086

Sort Code: 010086

Swift Code: ZNCOZMLU

Mobile Money

*767*1*11001301*Amount #

