

Reformer Pilates Training Institute
The Green House Mall, 4th Floor, East Wing, Suite 22
Phone: +254742345097
Website: www.reformerpilatesinstitute.co.ke

WORK EXPERIENCE (If applicable)

Year	Name of Organization	Title
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

How do you expect to meet the financial expenses for the program while at Reformer Pilates Training Institute?

Self-Sponsoring { } Employer { }

ADDITIONAL INFORMATION

How did you learn about Reformer Pilates Training Institute? (Tick as appropriate)

- Friends Reformer Instagram
- Reformer LinkedIn Reformer TikTok
- Reformer Website

What career goals do you wish to achieve from your program?

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I certify that all information given is true and accurate to the best of my knowledge. False information may lead to dismissal if admitted.

Signature

Date

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STATEMENT OF SPONSORSHIP

This is to be completed by the sponsor who will be responsible for the applicant's expenses. If applicant will pay own the applicant should complete it.

PART I: (To be completed by applicant)

Name of applicant _____

Citizenship _____ Date of birth _____

Signature: _____ Date ____ / ____ / ____

Mode of Study

Hybrid (Online and In person)

PART II: (To be completed by sponsor)

Name _____

Relationship to Applicant _____

Address _____

Telephone (office) _____ Mobile _____

I/We are interested in sponsoring at Reforma Pilates Training Institute

Sponsorship will include

Program fee Per Diem

Accommodation Other

I/We understand that all charges are payable on or before the first day of the program and will undertake to make timely payments.

Signature _____ Date _____

(If sponsor is an organization, please indicate name and position)

Name _____ Position _____

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PAYMENT DETAILS:

BANK NAME	ABSA Bank Kenya PLC
ACCOUNT NAME	REFORMER PILATES TRAINING INSTITUTE
KES ACCOUNT	2051459841
BRANCH NAME	YAYA CENTRE
BANK CODE	03
BRANCH CODE	109
SWIFT CODE	BARCKENX

M-pesa:

PAYBILL	303030
ACCOUNT NUMBER	2051459841