



SPEEDLINE DRIVING SCHOOL

BOX KW300, ACCRA

0505 092 919

Fix Passport
Photograph
Here

REGISTRTION FORM

SurnameFirst Name.....

Other names..... Date of Birth

SexOccupation.....Contact No.....

Address.....

.....E-mail.....

Date of RegistrationBranch.....

Package.....

Lesson/Transmission Type.....

Nationality(NB: Foreign Nationals Must Attach Residence Permit)

Highest Educational Qualification.

How Did You Know About Speedline Driving School?

I D Number & Type

Are You Hypertensive?.....

Are You Diabetic?

Do You Have Any Hearing Problem?.....

Do You Have Any Problem With Your Eye Sight?.....

Have You Been Involved In An Accident Before?.....

Facebook ID.....

Person To Contact In An Emergency.....Tel.....

OFFICIAL USE ONLY

Amount Paid.....

Receptionist/Secretary's Name.....

Receptionist/Secretary's Signature.....Date.....