



# WANSANJE TRAVEL AND TOURISM INSTITUTE

Established by the government of Zambia as per act No: 16 of the laws of Zambia.

Po Box: Fw 18 Lusaka Zambia Indeco House Floor 7/Livingstone Mosi Otunya House 2<sup>nd</sup> floor new wing.

Website: [www.wtti.co.uk/](http://www.wtti.co.uk/) Email: [wtticollege@gmail.com](mailto:wtticollege@gmail.com).WhatsApp-260977-

603389/0966603389 .Landline 260211220286

Note: Please read the form carefully before filling it.  
Attach the required documents and return it immediately. Incomplete application will be rejected.


Affix your recent  
Passport size  
photography

NRC NO:.....

**Tick**  
Full time  
Part time  
Distance  
Online  
Evening .

## I wish to apply for (please tick in the box below)

 Associate degree in Tourism Management &Development


 Associate Degree in Hospitality Management

 Associate degree in: Accounting & Finance

 Graduate Diploma in: Business Management

 Associate Degree in Business Administration

 Diploma /Advanced Dip in Journalism & Media Studies

 Diploma | Advanced Diploma | Graduate Diploma in Marketing

 **IATA** DIPLOMA

 **TEVETA** Diploma in Travel and Tourism Management

### PERSONAL DETAILS:

Name (Mr./Ms.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender (M/F):..... Nationality: .....Marital Status: \_\_\_\_\_

Year: .....Intake: January, March, June, September (circle)



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**CONTACT DETAILS:**

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ mail ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Temporal Address: \_\_\_\_\_

**FAMILY DETAILS:**

Parent's Name	Occupation	Mobile No	E-mail address

**PAYMENT PLAN (TICK)**

Term one	Term two	Term Three	Semester

How did you come to know WTTI.....

**DECLARATION BY THE STUDENT**

I .....shall /not abide by the RULES, REGULATIONS/ TERMS as specified above

Signature .....Date .....

**DECLARATION BY THE SPONSOR**

I .....agree shall /not abide by the RULES, REGULATIONS/ TERMS as specified above and accept liability for any abrogation .

Signature: ..... Dates.....

**FOR OFFICE USE ONLY**

Amount paid in figure ZMK.....in

Words .....NEXT PAYMENT.....

Recipient's name.....Date.....

Signature.....

Note that this application form is to be returned to the registrar as soon as possible