



**NIGERIAN BAR ASSOCIATION  
INSTITUTE OF CONTINUING LEGAL EDUCATION**

**MANDATORY CONTINUING LEGAL EDUCATION (MCLE) PROGRAMME**

**Participants Registration Form**

(Please complete the form in **BLOCK** letters. Provide information in all cases below)

Name.....  
Surname First Middle

Office/Company Name & Address  
.....  
.....

Postal Address.....

Home Address.....

Local Government of Area..... State .....

Title ..... Sex.....

Email Address.....

Office Phone No..... Home Phone No.....

Cell Phone No..... Fax No .....

Qualifying Certificates/Degrees Obtained with Dates and Name of Institutions  
.....  
.....

Year and Month of Call to Bar (and Enrollment No if any)  
.....

NBA Branch..... Present Occupation or specialization.....

**I AFFIRM THAT THE INFORMATION I HAVE PROVIDED IN THIS FORM IS TO THE BEST OF MY KNOWLEDGE AND BELIEVE TRUE AND COMPLETE AND THAT I HAVE PAID MY PRACTISING FEE FOR THE YEAR.**

Date of Payment of Practising fee (Attach copy of Practising Fee Bank Teller/Receipt):  
.....

.....  
Signature Date