

Kaimosi Friends University (KAFU)

Office of the Registrar, Academic Affairs

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Name:	Reg. No
KUPPET Membership:	TSC No:
(Attach KUPPET introductory letter)	(Attach a copy of Registration Certificate & Current pay slip)
National ID No:	Cellphone No:
Campus/Study Centre:	Year of Study
Program :	
Academic Year:	Semester:
Status of applicant, Tick () where applicable	
KUPPET Member (Self)	
2. Dependent of KUPPET Member	
(Attach birth certificate of Legal D	ependant)
This is to confirm that the above named sha Agreement for the Academic year and seme	all be the ONLY BERNEFICIARY to the KAFU KUPPET MoU Tuition fee Discount ester stated above.
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NOFFET Welliber Signature:	Date:
-	Date: Date:
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Dependant Signature:	Date:
Dependant Signature: Tuition Fees Information:	OFFICIAL USE
Dependant Signature: Tuition Fees Information: Usual Annual Fees for Payment Kshs.	OFFICIAL USE
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Dependant Signature: Tuition Fees Information: Usual Annual Fees for Payment Kshs. Usual Semester Tuition Fees for the program Official Certifying information: (Admissions Office) Recommendation to Finance Officer	Date:
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Dependant Signature: Tuition Fees Information: Usual Annual Fees for Payment Kshs. Usual Semester Tuition Fees for the program Official Certifying information: (Admissions Office) Recommendation to Finance Officer Please surcharge above named KUPPET magreement of. Recommended Annual fees payable after descriptions.	Date: M Kshs. Date: (Signature Stamp) Member/KUPPET Member dependant for KAFU/KUPPET/MOU Tuition fees Discount
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