

REGISTRATION FORM



Hooijdonkseweg 3, 4823 ZD Breda
Tel: +31 (0)76 820 05 05
Mail: info@nlba.nl
Internet: www.nlba.nl
KvK: 20114088
BTWnr: NL812577565.B02
Banknr: NL02 RABO 0116601779

REGISTRATION FORM BACHELOR BUSINESS ADMINISTRATION

Starting date 10.10.2022

Location _____

STUDENT DATA

Mr./Mrs.

First name _____ Initials _____

Private Address _____

City _____ Country _____

Telephone _____ Mobile phone _____

Fax _____ E-mail _____

Date of birth _____ Place of birth _____

DATA ON PREVIOUS TRAINING

Previous training	From / until	Certificate/diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPANY DATA

Name _____

Address _____

City _____ Country _____

Telephone _____ Fax _____

Line of business _____

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With this registration undersigned is obliged to pay for the college fees for the first college year. Furthermore undersigned agrees with the terms and conditions of Netherlands Business Academy.

Signature and date

Appendices:

- Copy identification
- Copy certificates and diplomas of mentioned education
- CV