

1.13 A Section C. Parental data/Sponsor.

1.14 His/her Full name

1.15 Address: Fax number:

1.16 Phone number: Office:

1.17 Email:

1.13 B Section C. Parental data/Sponsor Declaration

1.18 I am ready to release his/her (*full name*)
for his/her studies in the Zanzibar City College.

.....
Your signature

.....
Date

1.19 Section D: DECLARATION.

I (*Full name*) here by
certify that all the information in this form are mine and correct to the best of my
knowledge.

.....
Student's signature

.....
Date

IMPORATANT NOTES TO STUDENTS.

1. Incomplete application form shall be considered null and void.
2. The students are required to pay a non- refundable fees of Tsh 20,000/= for Application form fees.
3. The students must be following all rules and regulation of the College.

YOUR FUTURE INSURED!!

OUR OFFICE DETAILS:

ZANZIBAR CITY COLLEGE.

P.O.BOX 1457, AMAANI, ZANZIBAR .

TEL: +255778 212 089, 0777424-311

Email: vc@zcc.ac.tz

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