FORM NO. CLE/EX.05

COUNCIL OF LEGAL EDUCATION

DIRECTORATE OF EXAMINATION

BIO-DATA FORM

This Form Must Be completely filled In and scanned and sent via email to examinations@cle.or.ke

PART I: PERSONAL DETAILS

(Names should be written IN BLOCK and in full as they appear in student's identification document)

SURNAME **FIRST NAME** **OTHER NAME**

REGISTRATION NUMBER AT KSL

2 0

NATIONALITY **NATIONAL ID/PASSPORT NUMBER**

GENDER ☐ ☐ **DATE OF BIRTH** D D M M Y Y Y Y

M **F**

PART II: CONTACTS

MOBILE PHONE NUMBER

EMAIL ADDRESS

POSTAL ADDRESS **CODE** **TOWN/CITY** **HOME COUNTY**