

## **COUNCIL OF LEGAL EDUCATION**

## DIRECTORATE OF EXAMINATION

## **BIO-DATA FORM**

This Form <u>Must</u> 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 F M **PART II: CONTACTS MOBILE PHONE NUMBER EMAIL ADDRESS POSTAL ADDRESS** CODE TOWN/CITY **HOME COUNTY**