



Uganda Martyrs University

Microfinance Alumni registration form

NB: Please fill in this form and e-mail it as a soft copy to esegawa@umu.ac.ug

You may also send by post to Microfinance Department, P.O. Box 5498 Kampala

1. PERSONAL DETAILS

First Name:

...

Other Names:

.....

Sex:

Year of Admission:

E-mail (other than UMU):

Phone Number:

Country of origin: District:

Guardian or referee's phone contact:

Affix photograph
(Optional)
Less than 200kb

3. Would you like to receive updates from the Department such as communication newsletters?

Yes No

4. What Suggestions do you have for the Microfinance Department?

5. Have you already secured an employment opportunity? If yes which one

6. Any other Comments?

Thanks for availing us with this information

The information provided is to assist us in maintaining our relationship with you. You may download and save this form for your update. If any information changes please endeavour to avail us with updated copies. We hope you enjoyed your stay at UMU.