

PACE EXPRESSIONS

(Professionals in Children Events and Entertainment Services)

Personal Data Form

Name (Surname first):				Sex:
Date of birth:	_Age:	_ Highest level of education:		
Nationality:	State:			City/Town
Residential Address:				
Hobbies:		Additional Ski	lls:	
Have you ever acted before	e? (If yes,	please give details):		
		Family Informat	ion	
Name of Parents/Guardian	:	w		
Phone Number:		E-mail:		
Relationship with child/wa	rd:			#
Residential Address:	_ 1			e
Office Address:				
Nationality:	State:			City/Town
Additional Information (if a	ny):			
		Declaration (If child/ward is	below 18 years	s)
I, Mr./Mrs.		her	eby certify tha	t the above information is correct and
that my child/ward		(N	a <mark>me</mark> of child/w	ard) has my permission to participate
in the activities of PACE Exp	oressions.			
Date:	Si	gnature:		<u> </u>
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		For Official Use Only		
Participation Approved/Dis	approved	: Area of Participation	on:	
Remarks:			Date:	Signature:

PACE Expressions, Eze's Compound, # 10 Ollorte Road, Behind Deeperlife Bible Church, Alesa, Nchia Eleme, Rivers State, Nigeria, Tel: +234 (0)80 39495128 or +234 (0)80 25886923, Tax Identification Number: 21950988-0001 Bank Account Infomation: Fidelity Bank PLC, Branch: ELEME, No 14 Refinery Road Alesa, Eleme, Rivers State, Nigeria, BIC/SWIFT-Number: FIDTNGLAXXX Account Number: 5600 4027 56 PACE Expressions, Waldenbucher Str. 21, 71065 Sindelfingen, Germany, Tel.: +49 (0)7031 4101745, Fax: +49 (0)7031 4101741

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