



HYPIPS FOREX ACADEMY



Ahmad Plaza Plot 234 Ahmadu Bello Way Kaduna



+234 07044449646



support@hypips.com



www.hypips.com

REGISTRATION FORM

PLEASE COMPLETE IN CAPITAL LETTER AND TICK AS APPLICABLE

PASSPORT

TITLE:

FIRST NAME:

MIDDLE NAME:

SURNAME:

GENDER:

OCCUPATION:

NATIONALITY:

RESIDENT ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER

TRADING EXPERIENCE

☐

Beginner

☐

Intermediate

☐

Advance

Other

TRADING OBJECTIVE

☐

Part-Time Trading

☐

Full Time Trading

TICK AS APPROPRIATE

☐

Morning Class

☐

Afternoon Class

I _____ HEREBY, DECLEARING THAT I WILL
OBEY ALL THE RULES AND REGULATIONS OF THE INSTITUTION AND BE FULLY
RESPONSIBLE FOR VIOLATING THE RULES.

STUDENT NAME

SIGNATURE