



S/N: 235

## 2018/2019 NNPC/TOTAL NATIONAL MERIT SCHOLARSHIP ACCEPTANCE FORM



I, Mr./Mrs./Ms **Magbadelo, Deborah Oluwabukunmi**, Scholarship ID Number **1800084** hereby accept the offer of this 2018/2019 NNPC/Total National Merit Scholarship Award. I affirm that I do not hold any other similar scholarships from any Nigerian company in the Oil & Gas Industry.

I further accept to abide by all the Terms and Conditions of this award as stated in the Letter of Award dated **July 2, 2019**

### PERSONAL DATA

Name: <b>DEBORAH OLUWABUKUNMI MAGBADELO</b>	
Date of Birth: <b>19   02   1999</b>	Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
State of Origin: <b>OGUN STATE</b>	LGA <b>ABEOKUTA NORTH</b>
Contact Address: <b>2, OMIDINA STREET, IGBOGBO, IKORODU, LAGOS STATE</b>	
Telephone: <b>07068715939</b>	
Email Address: <b>debbymags@gmail.com</b>	
Permanent Home Address: <b>2, OMIDINA STREET, IGBOGBO, IKORODU, LAGOS STATE</b>	Contact Person: <b>MR. MAGBADELO OLUFEMI</b> <b>08066670303</b>

### ACADEMIC DATA

Name of Institution: <b>UNIVERSITY OF IBADAN</b>		
Faculty: <b>SCIENCES</b>		
Department: <b>COMPUTER SCIENCE</b>		
Matriculation No: <b>199776</b>	Session of Admission: <b>2016/2017</b>	Course Duration: <b>4 YEARS</b>
Current Level of Study: <b>1<sup>st</sup> Year / 2<sup>nd</sup> Year</b>	Expected Session of Graduation: <b>2019 / 2020</b>	
University Address: <b>UNIVERSITY OF IBADAN, IBADAN, OYO STATE, NIGERIA</b>		
University Telephone (if any):		
University Email Address (if any):		

*This offer is valid for Three (3) Weeks from the date of the award letter. Failure to return this Acceptance Form duly completed and signed within this period voids the offer. Late return is not entertained and we shall not enter into any further correspondence with you*


**BANK DETAILS**

Account Number: 0343586442	BVN: 22246033688
Account Name: MAGBADELO DEBORAH OLUWABUKUNMI	
Bank Name: GUARANTY TRUST BANK	
Bank Address: MAGODO	
Sort Code: 058152638	

**ATTESTATION BY THE BANK ACCOUNT OFFICER**

I attest that the above account information by the student is correct to the best of my knowledge and particularly that the above named account can receive the Scholarship Grant of One Hundred and Fifty Thousand Naira (N150,000.00)

Belavina Jimpele  
 Name \_\_\_\_\_ Signature & Stamp \_\_\_\_\_ Date: 19/07/2019  
 Phone No \_\_\_\_\_ Email: \_\_\_\_\_

**ATTESTATION/VERIFICATION BY HEAD OF DEPARTMENT/DEAN OF FACULTY/ DEAN OF STUDENT AFFAIRS**

I attest that the above information by the student is correct to the best of my knowledge and particularly that the above named student is a bonafide Year-1/Year-2 student of the Department of [Department] of the University of [University]

Dr S. O. Akinola  
 Name: \_\_\_\_\_ Signature & Stamp \_\_\_\_\_ Date: 19/07/2019  
 Phone No: 08169748281 Email: akinola.olabekan@uniba.edu.ng

**DECLARATION**

I declare that I accept all the conditions and requirements of this award as stipulated in the letter of award dated July 2, 2019. I further declare that the information contained in this Acceptance Form is true and correct. If any information is found to be false and/or incorrect at any time, I accept full responsibility and understand that the award may be withdrawn and that I may further face prosecution.

DEBORAH OLUWABUKUNMI MAGBADELO  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: 18/07/2019

N/B: Please attach your passport photograph at the top of this Form.

This offer is valid for Three (3) Weeks from the date of the award letter. Failure to return this Acceptance Form duly completed and signed within this period voids the offer. Late return is not entertained and we shall not enter into any further correspondence with you