
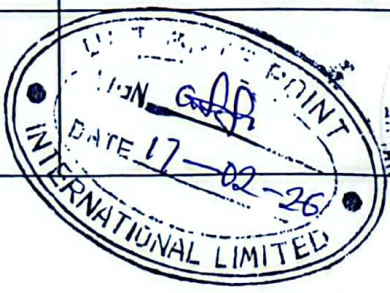



Enclosure to the application for Swedish Institute Scholarships for master's level studies in Sweden starting in the academic year 2026/2027

The forms must be completed in English. Additional pages will not be considered. Referees must sign and stamp the forms with the official organisation stamp, then convert them to PDF format.

LEADERSHIP EXPERIENCE FORM (maximum one page/form, maximum two forms)

FIRST NAME(S) of applicant (as written in the passport)	PRINCEWILL
SURNAME(S) of applicant (as written in the passport)	JACOB UGWUNNA
DATE OF BIRTH of applicant (YYYY-MM-DD)	1983-04-30
CITIZENSHIP of applicant	NIGERIAN

FULL NAME of the company/organisation where the applicant works/worked	ULTIMATE POINT INTERNATIONAL LTD (UPILNET)
TITLE/POSITION the applicant holds/held during leadership experience	DIRECTOR/NETWORK ADMINISTRATOR
TIME PERIOD of leadership experience (YYYYMMDD – YYYYMMDD/today)	20210101 - TODAY
TYPE OF WORK	Entrepreneurship/Self-employment
HOURS APPLICANT WORKED in total	5000
MAIN LEADERSHIP RESPONSIBILITY	Managing or chairing a company or department
LEADERSHIP SPECIFIC TASKS of applicant (Max 400 characters incl. spaces)	Managing a project
FULL NAME of referee	Mrs. Chioma Richard
TITLE/POSITION of referee at the referring company/org.	Operations Manager
E-MAIL ADDRESS of referee (preferably work e-mail)	chioma.r@upilnet.com
TELEPHONE NUMBER of referee (with country code)	(+234)7033538692
SIGNATURE of referee, date and place (city, country): I hereby declare that the information I provide about the applicant is to the best of my knowledge, true, complete and correct. I certify the applicant's leadership experience on behalf of the referring company/organisation.	 17-02-2026 Umuahia, Nigeria
Official stamp of the company/organisation the applicant works/worked at, or official stamp of notary office	 

stamp the forms with the official organisation stamp, then convert them to PDF format.

WORK EXPERIENCE FORM (maximum one page/form, maximum three forms)

FIRST NAME(S) of applicant (as written in the passport)	PRINCEWILL
SURNAME(S) of applicant (as written in the passport)	JACOB UGWUNNA
DATE OF BIRTH of applicant (YYYY-MM-DD)	1983-04-30
CITIZENSHIP of applicant	NIGERIAN

FULL NAME of the company/organisation where the applicant works/worked	ULTIMATE POINT INTERNATIONAL LTD (UPILNET)
TITLE/POSITION the applicant holds/held during employment	DIRECTOR/NETWORK ADMINISTRATOR
TIME PERIOD of employment (YYYYMMDD – YYYYMMDD/today)	20210101 - TODAY
TYPE OF WORK	Entrepreneurship/Self-employment
HOURS APPLICANT WORKED in total	5000
WORK SPECIFIC TASKS of applicant (Max 250 characters incl. spaces)	He oversees the development of the company's operational strategy and sets up network infrastructure for our clients. He ensures network integrity through robust measures. He also trains and mentors the IT team for operational excellence
FULL NAME of referee	Mrs. Chioma Richard
TITLE/POSITION of referee at the referring company/org.	Operations Manager
E-MAIL ADDRESS of referee (preferably work e-mail)	chioma.r@upilnet.com
TELEPHONE NUMBER of referee (with country code)	(+234)7033538692
SIGNATURE of referee, date and place (city, country): I hereby declare that the information I provide about the applicant is to the best of my knowledge, true, complete and correct. I certify the applicant's work experience on behalf of the referring company/organisation.	<i>Chioma Richard</i> 17-02-2026 Umuahia, Nigeria
Official stamp of the company/organisation the applicant works/worked at, or official stamp of notary office	

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LEADERSHIP EXPERIENCE FORM (maximum one page/form, maximum two forms)

FIRST NAME(S) of applicant (as written in the passport)	PRINCEWILL
SURNAME(S) of applicant (as written in the passport)	JACOB UGWUNNA
DATE OF BIRTH of applicant (YYYY-MM-DD)	1983-04-30
CITIZENSHIP of applicant	NIGERIAN

FULL NAME of the company/organisation where the applicant works/worked	MINISTRY OF BUDGET AND ECONOMIC PLANNING
TITLE/POSITION the applicant holds/held during leadership experience	HEAD OF TECHNICAL DEPARTMENT
TIME PERIOD of leadership experience (YYYYMMDD – YYYYMMDD/today)	20170102-20180131
TYPE OF WORK	Employment
HOURS APPLICANT WORKED in total	2000
MAIN LEADERSHIP RESPONSIBILITY	Supervising the work of other employees
LEADERSHIP SPECIFIC TASKS of applicant (Max 400 characters incl. spaces)	Princewill served as the network administrator and team lead for the first ever Abia State Emergency Call Center. He single handedly installed and configured the Emergency Call System, a platform for citizens to call in on distress related issues for immediate response 24/hrs a day. This system helped to strengthen state security and provide help to citizens in distress in the State
FULL NAME of referee	EJEM KALU
TITLE/POSITION of referee at the referring company/org.	Director, Computer Services Ministry of Budget and Planning, Abia State
E-MAIL ADDRESS of referee (preferably work e-mail)	ejemkalu@gmail.com
TELEPHONE NUMBER of referee (with country code)	+234 803 415 9352
SIGNATURE of referee, date and place (city, country): I hereby declare that the information I provide about the applicant is to the best of my knowledge, true, complete and correct. I certify the applicant's leadership experience on behalf of the referring company/organisation.	
Official stamp of the company/organisation the applicant works/worked at, or official stamp of notary office	



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WORK EXPERIENCE FORM (maximum one page/form, maximum three forms)

FIRST NAME(S) of applicant (as written in the passport)	PRINCEWILL
SURNAME(S) of applicant (as written in the passport)	JACOB UGWUNNA
DATE OF BIRTH of applicant (YYYY-MM-DD)	1983-04-30
CITIZENSHIP of applicant	NIGERIAN

FULL NAME of the company/organisation where the applicant works/worked	MINISTRY OF BUDGET AND ECONOMIC PLANNING
TITLE/POSITION the applicant holds/held during employment	SENIOR DATA PROCESSING OFFICER
TIME PERIOD of employment (YYYYMMDD – YYYYMMDD/today)	20160811-today
TYPE OF WORK	Employment
HOURS APPLICANT WORKED in total	16776
WORK SPECIFIC TASKS of applicant (Max 250 characters incl. spaces)	He was employed as a data processing officer, role that helped in policy design and also generate reports for budget decisions. As he resumed we discovered he was a very resourceful tech pro so we expanded his role to include network administration
FULL NAME of referee	EJEM KALU
TITLE/POSITION of referee at the referring company/org.	Director, Computer Services Ministry of Budget and Planning, Abia State
E-MAIL ADDRESS of referee (preferably work e-mail)	ejemkalu@gmail.com
TELEPHONE NUMBER of referee (with country code)	+234 803 415 9352
SIGNATURE of referee, date and place (city, country): I hereby declare that the information I provide about the applicant is to the best of my knowledge, true, complete and correct. I certify the applicant's work experience on behalf of the referring company/organisation.	
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