

8. Contact Address:

<i>Address:</i>
<i>Street:</i>
<i>Location</i>
<i>Country & Code</i>
<i>Email Address:</i>
<i>Next of Kin & Contact Details</i>
<i>Names of 2 Referees and their contact details:</i> 1. 2.

Part C Educational Particulars.

9. Attach certified copies of all relevant qualifications.

O Level	Diploma	Degree	Postgraduate

10. Fees Payment:

<i>Self-Sponsored</i>	<i>Scholarship</i>	<i>Guardian</i>
<i>Provide Details of Employment:</i>	<i>Provide Supportive Documents</i>	<i>Give full particulars, address & Contact No.</i>

11. Modules Registered for:

	Module Title	Code
1		
2		
3		
4		
5		
6		
7		

12. Student Declaration:

- i. I declare that I have read the instructions for completing my enrollment and all the information in connection with this application is true and complete.
- ii. I agree to meet all enrollment deadlines and make payment of all fees arising from this enrollment by their due dates in accordance with instructions issued by the KMIL POS Service.
- iii. I hereby grant the Service Provider permission to verify any documentation which accompanied this application with the issuer.
- iv. I understand I am required to keep the original copies of any documentation provided to the Service Provider.
- v. I authorize the Service Provider to transfer, use and disclose any information regarding me to any other interested parties such as Employers or Institutions.

Signed.....at.....Date...../...../.....

Witness.....Signature.....Date...../...../.....

Part D For Office Use Only

<i>Date Received</i>	<i>Decision</i>	<i>Fees Category</i>	<i>Verified by:</i>	<i>Date</i>	<i>Approved by:</i>	<i>Date:</i>	<i>File & Student No</i>
	<i>Accepted/ Rejected</i>	<i>Domestic/ International</i>					