



REGISTRATION/CONSENT FORM

1	FIRST NAME (As per passport)	
2	FAMILY NAME (As per passport)	
3	EMAIL ADDRESS	
4	MOBILE NUMBER/ Parent name/contact	
5	PERMANENT ADDRESS	
6	UK/USA/CANADA ADDRESS (If Any)	POSTCODE:
7	EDUCATION QUALIFICATION ATTAINED	
8	PLACE OF BIRTH PLACE OF DOMICILE	
9	NATIONALITY	
10	PREVIOUS VISA ENTRY REFUSED	UK/USA/CANADA
11	PREVIOUS STAY IN UK/USA/CANADA	
11A	PROOF OF FUNDS	MUST BE IN UKVI LISTED BANK IN YOUR COUNTRY
12	Desire Course	COURSE NAME:
12A	ENGLISH TEST RESULT	IELTS / TOEFL/ ETC.
13	ANY LINKS WITH HER MAJESTY ARMED FORCES	YES / NO (PLEASE ENCIRCLE WHICH APPLIES TO YOU)
14	ANY DISABILITIES	YES / NO (PLEASE ENCIRCLE WHICH APPLIES TO YOU) Yes No
15	ANY CRIMINAL CONVICTIONS	YES / NO (PLEASE ENCIRCLE WHICH APPLIES TO YOU) Yes No

PLEASE FILL IN USING BLOCK CAPITALS

I am giving my consent to exchange my information between **wakeel 360 LTD** and the relevant University/College. I also undertake that I have completed my Application, CV, personal statement, written Task etc. by myself. I also undertake that all my information and documents are correct and true.
(PLEASE TICK THIS ABOVE BOX) if YES or explain if NO

Date: _____

Signature _____

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