

GATES
AUTHORISATION FORM

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*(Please complete this form using clear BLOCK LETTERS, and sign below)
To Whom It May Concern:

I, (Full Name)
Date of Birth: / / Gender: Male / Female
Passport No: Expiry Date: / / Nationality:
Hereby authorise Global Agency for Training, Education & Services (GATES) to sign application forms to obtain admission and act on my behalf as my representing agent.
Applicant's Address: (Street name and No/ P.O.Box)
(City) (Country) Post Code
Telephone Number: Fax Number:
Email Address:

I would like to apply to the following course: (please tick)
English Studies: [] No [] Yes (duration)
Academic: [] Diploma [] Graduate Diploma [] Bachelors [] Masters [] PhD
Other:
Major / Subject of the academic study:
I would like to commence my studies in Semester/ Intake: Year:

Declaration: I declare that the information submitted in this form is correct and complete, and I agree that GATES may obtain official records and /or information from any university or other institution previously attended by me. I undertake to advise GATES immediately of any change to the information submitted in this application. I will respect and comply with the policies and rules of the university and /or the institution that GATES applied in for me. I acknowledge that all documentation provided are true copies and /or original and that I do not have any criminal convictions/pending charges in my country of origin or any country which I have resided in and/or visited. I am aware that if I have provided misleading or incorrect information GATES reserves the right to reject my application and may undertake legal actions where necessary.

Date: / /

Signature

[Signature box]