

PARENT / GUARDIAN DETAILS

DETAIL	FATHER	MOTHER
FULL NAME		
RELATIONSHIP	() BIOLOGICAL FATHER () STEPFATHER () ADOPTIVE FATHER	() BIOLOGICAL MOTHER () STEPMOTHER () ADOPTIVE MOTHER
STATUS	() MARRIED () DIVORCE () PASSED AWAY	() MARRIED () DIVORCE () PASSED AWAY
MyKAD NO. @ POLICE NO. @ ARMY NO. @ PASSPORT NO.		
RELIGION		
ETHNICITY		
NATIONALITY		
PROFESSION		
E - MAIL		
MOBILE NUMBER		
SALARY (MONTHLY)		

EMERGENCY CONTACT

NAME	
ADDRESS	
RELATIONSHIP	
MOBILE NUMBER	

DECLARATION AND SIGNATURE

I declare that all information provided by me in this form is true and accurate in respect of **EXAMINATION RESULTS, ETHNICITY & NATIONALITY.**

I also authorize the UNIKOP College to apply all information provided to any College business.
If the information provided is false, the UNIKOP College may take legal action or reject this application.

I have read and understood the above conditions and agree to fully accept them.

Date :

Signature of Applicant :

FOR OFFICE USE

1. MARKETING DEPARTMENT

Application Approved / Not Approved
 Programme :
 Intake :
 Approved By :

 Signature :
 Date :

2. REGISTRY & STUDENT RECORD DEPARTMENT

Student Matrix No :
 Approved By :

 Signature :
 Date :

3. FINANCE DEPARTMENT (Payment)

Amount :
 Receipt No :
 Approved By :

 Signature :
 Date :