



**HENFA
AUTHORISATION FORM**

Attach
Photo

*(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 Higher Education & New Future Agency (HENFA) 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 HENFA may obtain official records and /or information from any university or other institution previously attended by me. I undertake to advise HENFA 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 HENFA 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, HENFA reserves the right to reject my application and may undertake legal actions where necessary.

Date: / /

Signature: