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### AUTHORIZATION FOR ACCOMMODATION AT UBD CAMPUS

STUDENT PARTICULARS			
NAME			
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DOB
PASSPORT /IC No		EXPIRY DATE	
ADDRESS			
COUNTRY		POSTCODE	
NATIONALITY		STUDENT ID	
TELEPHONE NO		EMAIL	
AUTHORIZATION PARENT/GUARDIAN			
NAME of PARENT/GUARDIAN		RELATIONSHIP	
CONTACT NO 1		CONTACT NO 2	
SIGNATURE & DATE		This is to authorized the above name at the student particular details to be accommodated at the UBD Campus	
AUTHORIZATION FROM INSTITUTION			
NAME of INSTITUTION		ADDRESS	
STUDENT WELFARE OFFICER NAME		CONTACT NO	
SIGNATURE & DATE		STAMP	

I do hereby solemnly affirm and declare that the above information is true and correct to the best of my knowledge and nothing has been concealed there from. I do understand that if the information I have provide is false/misleading, this is grounds to terminate my accommodation contract.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_