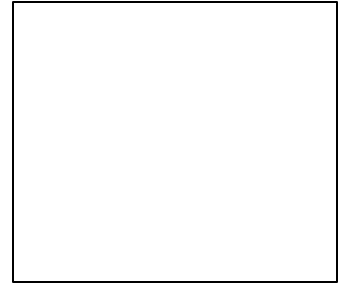




[www.elgoldgroup.com](http://www.elgoldgroup.com)

07031156255, 08180704641



**Application Form**

All **COLUMNS** of this Application Form **MUST** be completed in **CAPITAL LETTERS**

**BIO DATA**

Title: .....

Surname: .....

Middle Name: .....

First Name: .....

Other Names: ..... Preferred Name: .....

Gender: ..... Date of Birth: .....

**CONTACT ADDRESS**

Street Address: ..... City: .....

Country: ..... State: .....

Telephone Nos.: ..... Mobile Nos.: .....

Email: ..... Fax: .....

**INTERNATIONAL PASSPORT INFORMATION**

International Passport Number: .....

Issued Date: ..... Expiration Date: .....

**QUALIFICATIONS**

*Please tick as appropriate*

- |   |                                       |                                  |                                  |
|---|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> WAEC                           | <input type="checkbox"/> NECO         | <input type="checkbox"/> NABTEB  | <input type="checkbox"/> A-LEVEL |
| <input type="checkbox"/> UNIVERSITY/COLLEGE CERTIFICATE | <input type="checkbox"/> DIPLOMA      | <input type="checkbox"/> OND/HND |                                  |
| <input type="checkbox"/> FIRST DEGREE                   | <input type="checkbox"/> POSTGRADUATE |                                  |                                  |

Others (if yes please specify): .....

Work Experience (if any): .....

<b>Primary School(s) attended</b>	<b>(day, month, year to day, month, year)</b>
<b>Secondary School(s) attended Subjects &amp; grades</b>	<b>(day, month, year to day, month, year)</b>
<b>Tertiary School(s) attended Course read &amp; grades</b>	<b>(day, month, year to day, month, year)</b>
<b>Other Education</b>	<b>(day, month, year to day, month, year)</b>

**Levels of Academic Interest**

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- |   |  |
|---|--|
| <input type="checkbox"/> TRAINING COURSE      | <input type="checkbox"/> DIPLOMA COURSE      |
| <input type="checkbox"/> UNDERGRADUATE COURSE | <input type="checkbox"/> FOUNDATION COURSE   |
| <input type="checkbox"/> CERTIFICATE COURSE   | <input type="checkbox"/> POSTGRADUATE COURSE |

Course of Interest: .....

Annual Tuition Fee Budget: .....

Proposed Advanced Tuition Payment: .....

Estimated Cost of Living Budget: .....

Preferred Intake / Resumption Date: .....

University of Interest: .....

Country of Interest: .....

**VISA INFORMATION AND TRAVEL HISTORY**

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Have you been refused Visas before (if yes): .....

Which Country/Countries: .....

Purpose of Travel: .....

Date of Visa Interviews & Visa Refusals .....

Reason for Visa Refusals (you **MUST** provide us copy of Visa Refusal Letters): .....

.....

**Your link to us (please tick as appropriate)**

---

- |   |  |
|---|--|
| <input type="checkbox"/> Our Website                              | <input type="checkbox"/> Search Engine                                   |
| <input type="checkbox"/> Print / Electronic Media                 | <input type="checkbox"/> Exhibitions, Seminars<br>Workshops, Conferences |
| <input type="checkbox"/> Accredited Commission Student's Referral | <input type="checkbox"/> Social Media                                    |

Referral: YES

Name of Referral: .....

Referral Phone Number: .....

Referral Email Address: .....

Others: .....

Administrative Fee (Non- Negotiable, Non- Transferrable, Non- Refundable) : .....

Admission Offer Deferment Administrative Fee (Non- Negotiable, Non- Transferrable, Non- Refundable): .....

**SOCIAL MEDIA IDENTITIES**

(Facebook, Twitter, Instagram, Sype, WhatsApp, Linkedin, etc): .....

**SPONSORSHIP**

Names of Sponsor: .....

His/Her Relationship to You: .....

Address of Sponsor: .....

When is it convenient to meet OR call your Sponsor : .....

Sponsor's Phone Number: .....

Sponsor's Email Address : .....

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Student's Signature  
If under 18 years, parent/guardian **MUST** sign

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Date