**D Dot Resources and Allied Limited,**

**No 1 Akinfenwa Ope Drive, Off Chief Mene-Otone Road, KM 22, Lekki- Epe Expressway Lagos State Nigeria. Mobile: +234(0)810 396 4409; +234(0) 810 397 9208**

**Email:** [**info@ddotng.com**](mailto:info@ddotng.com)**;** [**ceo@ddotng.com**](mailto:ceo@ddotng.com)

**Website:** [**www.ddotng.com**](http://www.ddotng.com)

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| **Please attach**  **a recent passport photograph**  **with your full name on the back** |

**STUDENT APPLICATION AUTHORISATION FORM**

**(PLEASE PRINT CLEARLY IN BLOCK LETTERS)**

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| **Student Information** |  |
| **Student First Name:** |  |
| **Student Last Name** |  |
| **Gender** |  |
| **Nationality** |  |
| **Address** |  |
| **City/State** |  |
| **Country / Postal Code** |  |
| **Telephone:** |  |
| **Date of Birth:** |  |
| **E-mail Address:** |  |
| **Civil Status** |  |
| **Course of Interest** |  |
| **University/Institute of Interest** |  |

**I hereby authorize the above noted organisation to act on my behalf in all matters concerning my application for admission to -------------------------------------------------------------. I understand and agree that all information concerning my application can be communicated to individuals in the company named above.**

**Student/Guardian Signature: Date:**

**OFFICIAL USE ONLY**

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| **Officer’s Name:**  **Amount Paid (£):**  **Signature: Date:** |