**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****;** **ceo@ddotng.com**

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

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

**STUDENT APPLICATION AUTHORISATION FORM**

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

|  |  |
| --- | --- |
| **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**

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