



ENROLLMENT FORM

COURSE DETAILS

NAME OF COURSE APPLIED FOR : _____

DATE OF COMMENCEMENT : _____

PERSONAL INFORMATION

FULL NAME : _____
(PLEASE WRITE YOUR NAME IN BOLD/BIG LETTERS)

GENDER* : MALE / FEMALE _____ : NATIONALITY: _____

SPONSOR'S NAME: _____ COMPANY NAME: _____

DESIGNATION : _____

HIGHEST EDUCATIONAL QUALIFICATION : _____

PAYMENT DETAILS:

COURSE PRICE DHS _____ DEPOSIT DHS: _____

BALANCE (PAID ON THE FIRST DAY OF THE CLASS): _____

*Cheque to be issued under the name of "Academie Esthetique FZ LLC"

CONTACT INFORMATION

POSTAL ADDRESS : _____

CONTACT NUMBERS : _____ (RESIDENCE) _____ (MOBILE)

_____ (OFFICE) _____ (FAX):

EMAIL ADDRESS : _____

INCASE OF EMERGENCY PLEASE NOTIFY:

NAME : _____ CONTACT NO. : _____

RELATIONSHIP : _____ OCCUPATION: _____

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