Revision 01/01st Jan 2020

Student Application Form

PRELIMINARY INFORMATION

- 1. Please complete in BLOCK LETTERS
- 2. Tick \checkmark where applicable

Course Details	Course Title:					
	Courses Code:	 	 	 	 	
	Course Date:					

PERSONAL INFORMATION

Name as per National ID	First I	Name:															
	Midd	Middle Names:															
	Last Name																
NID No:				1 -T		T		ſ			1			Τ		I	
Date of Birth:	D D M			N	Λ \	(Y	Y Y Y Rank/Job Title:									••••••	
Place of Birth:	1								Nationality:	Maldivian							
Permanent																	
Address:																	
E-Mail:									Mobile No:								
Correspondence																	
Address:																	
E-Mail																	
Number:			T						Viber No.						 		

DECLARATION

I hereby declare that the information and attached documentation provided by me are true and correct.											
Signature:			Date:	D	D	M	Μ	Y	Y	Y	Y
Attachments Required	\checkmark]	Academic Certi	ficate	s Cop	y (Att	ested)			
OFFICE USE ONLY											

Received By:	Date:	D	D	M	Μ	Y	Y	Y	Y
Enrolled By:	Student No:								

TERMS AND CONDITIONS

A booking form must be completed for all bookings and submitted to the Maritime Academy of Maldives

Cheque: Made payable to "Maritime Academy of Maldives"

Once accepted onto the course notification to cancel must be received in writing no later than 10 working days prior to the start of the course and will be subject to a 20% cancellation fee. We regret that cancellations received after this date will incur the full course fee.

Maritime Academy of Maldives reserves the right to cancel a course should there be insufficient delegate numbers and offer an alternative date or refund. In the unfortunate event that a course is cancelled Maritime Academy of Maldives can accept no liability for any costs incurred by delegates in connection with their attendance.

