



AHQ Associates

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*Consultant of Sales Tax, Income Tax, Customs & SECP
Study & Travel Abroad*

STUDENT REGISTRATION FORM

1. Personal Information

Full Name: _____

Father's Name: _____

CNIC No: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other: _____ Marital Status: ☐ Single ☐ Married

Are you currently expecting a child or planning to conceive in the near future? ☐ Yes ☐ No

(This information is crucial for record-keeping and will be shared with the University for administrative purposes)

Total Dependents: _____ Will dependents accompany you abroad: _____

Contact Number: _____ Family Contact: _____

Email Address: _____

Permanent Address: _____

2. Academic Information

Last Qualification Completed: _____

Major Subjects: _____

Grades/CGPA: _____ Year of Completion: _____

Institution Attended: _____

3. Program Preferences

Preferred Country: _____

Intended Program (e.g. BS, MS): _____ Desired Intake (Month/Year): _____

Field of Study: _____

Address: Suite No 202, Plot No. A-15, Gulshan-e-Iqbal, Block 13-A, Karachi.

Contact for Consultant of Sales Tax, Income Tax, Customs & SECP: **Cell/Whatsapp:** +92 321 2011183, **Email:** mzhhuzaib@yahoo.com

Contact for Study Abroad, Tourism: **Cell/Whatsapp:** +92 334 6267740, **Email:** huzaijahaidar2561@gmail.com



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4. Universities Selected & Reasons for Choice:

University	Country	Reason

5. Financial & Support Information

Who is your sponsor? _____

Sponsor Details:

- Full Name: _____
- Relation to Student: _____
- Occupation: _____
- Contact Number: _____
- Sponsor's Signature: _____

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Comments about programs, scholarships details:

6. Document Checklist (Attach Photocopies)

- ☐ CNIC / B-Form Copy
- ☐ Valid Passport (Front & Back Page)
- ☐ Recent Passport Size Photographs (with white background)
- ☐ Academic Transcripts & Certificates
- ☐ IELTS / TOEFL Score Report (if applicable)
- ☐ Resume / Curriculum Vitae
- ☐ Statement of Purpose (SOP)
- ☐ Letters of Recommendation (if required)
- ☐ Experience Letters / Internship Certificates (if applicable)
- ☐ Bank Statement / Financial Proof
- ☐ Affidavit of Support (if sponsored)
- ☐ Admission Offer Letter (if already obtained)
- ☐ Previous Visa Copies / Rejection Letters (if any)

For Administration Use:

Counseled By: _____

Date of Counseling: _____

Counselor's Signature: _____

Address: Suite No 202, Plot No. A-15, Gulshan-e-Iqbal, Block 13-A, Karachi.

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Important Terms & Conditions (Acknowledgment Required)

1. The registration/application fee paid is **non-refundable** under any circumstances.
2. It is the student's duty to ensure that their chosen institution abroad is **authentic and appropriate** before finalizing any payments.
3. AHQ Associates does **not guarantee** scholarships, admissions, or visa approval, as these are determined by the respective institution or embassy.
4. Our company offers professional guidance based on experience and available information but cannot be held liable for outcomes.
5. We are not accountable for **visa refusals**, admission delays, institutional legal status, or technical issues that may arise.
6. Students are solely responsible for **accurately completing visa forms** and submitting all necessary documents.
7. All financial transactions related to tuition or visa fees are to be handled **directly** between the student and relevant authorities. AHQ Associates will not receive or refund these payments.
8. If a tuition refund is requested, we may assist in the process; however, students must understand the **refund policies, processing durations, and applicable deductions** of the institution.
9. In the event of visa rejection due to **false or misleading information/documents**, AHQ Associates will cease all support, including refund facilitation.
10. Our responsibility **concludes upon successful admission and visa issuance**. We are not liable for future academic or institutional matters.
11. The student authorizes AHQ Associates to **hold and use documents/passport** for visa and admission purposes as per embassy norms.
12. AHQ Associates is authorized to **represent the student** in communications with universities, consulates, and immigration offices.
13. The student consents to their information being stored and processed in line with our **Data Protection Policy**.
14. If the student provides new or updated information after form submission, they acknowledge that **AHQ Associates will not be liable** for delays or losses resulting from this late disclosure.

7. Declaration & Consent

☐ I declare that I have read and understood all the aforementioned terms and conditions.

(This information is crucial for record-keeping and may be shared with the university for administrative purposes.)

Student's\Parent's\Guardian's Signature: _____

Form submitted by: ☐ Student ☐ Guardian ☐ Parent

Date: _____

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