

## **CLIENT DETAILS CHECKLIST**

Student's	Student's Details															
Full Name	:															
Date of Birth	: D	D	М	М	Υ	Υ	Υ	Υ	Gender	:		Male		Fer	nale	
Address	:															
Nationality	:								City	:						
Phone Number	:								Intake	:						
Email Address	:															
Consultant Name	:								Credit A	Apply	:	١	/es		No	
Course	:															
Interested College/ University:																
Passport Details																
Passport Number							Co	Country/ Passport :								
Date of Isssue	: D	D	М	М	Υ	Υ	Exp	oiry Dat	te	: D	D	М	М	Υ	Υ	
Visa Details:																
Visa Expiry Date	: D	D	М	М	Υ	Υ										
Emergency Contact Details																
Full Name	:						Ph	one Nu	mber :							
Address	:						Re	lation	:							
<ul><li>○ 0480 322 403, 0478 733 944</li><li>☑ info@kotharedu.com</li></ul>							<ul><li>www.kotharedu.com</li><li>Suite 272A/ 398 Pitt Street, Sydney</li></ul>									