

## **CLIENT DETAILS CHECKLIST**

Student's Details															
Full Name	:														
Date of Birth	: D	D	М	М	Υ	Υ	Υ	Υ	Gender	:		Male		Fer	male
Address	:														
Nationality	:								City	:					
Phone Number	:								Intake	:					
Email Address	:														
Consultant Name	:								Credit A	pply	:	١	es/		No
Course	:														
Interested College/ University:															
Passport Details															
Passport Number							Country/ Passport :								
Date of Isssue	: D D M M Y Y					Expiry Date : D D M M Y							Υ	Υ	
Visa Details	<b>;</b> :														
Visa Expiry Date	: D	D	М	M	Υ	Υ									
Emergend	Emergency Contact Details														
Full Name	:						Ph	one Nu	ımber :						
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>								