



LONDON COLLEGE
of Accounting & Finance

1.03 First Floor, Whitechapel Technology Centre, 65-75 Whitechapel Road, London E1 1DU
Tel : 0207 247 7772 Fax : 0207 247 3773 web : lcaf.co.uk email :

Attach photo here

Application Form

Please complete this form in **BLOCK CAPITAL LETTERS**

Reference No:

APPLICANT INFORMATION

Surname/Family name Title:
(Mr/Mrs/Ms etc)

First Name

Passport Number Gender Male Female

Date of Birth Country of Birth

Nationality Country of Permanent Residence

Address (OVERSEAS)

Country Postcode

Telephone No Mobile No.

Email Address

Address (UK)

Postcode

Telephone No Mobile No.

Date of Entry in UK
(if applicable)

COURSE APPLYING FORCourse Title **Mode of Study:** Full Time Part Time

(Note: Overseas student applying for student visa may only take full-time courses)

Course Commencement: (please indicate the date you wish to join the course of studies)**Who will pay your fees? Please tick as appropriate** Parents Family member Employer (please attach evidence) Yourself Other Please specify **ACADEMIC QUALIFICATIONS**

Title	Examination Board/ Institution	Subject	Date of Award

Examinations to be taken / Results Pending

Title	Examination Board/ Institution	Subject	Date of Award

English ProficiencyIs English your first language? Yes NoHave you attended any courses in English Language Yes (please attach evidence) NoHave you taken IELTS? Yes, What is your Score No**Note :** If your medium of instruction at University was not English, it will be necessary for you to take an English language test (For example, British Council, IELTS, TOEFL, etc.).**Work Experience (If any)**

Job Title	Name of Organisation	Full / Part Time	From	To

Disability/ Special needs

To help us to provide assistance wherever possible please state briefly if you have any Disability or special needs requiring support or facilities

Please give the reasons for choosing this programme of study

Names and addresses of two referees

① Name in full

Address

Tel . No. Mobile No.

Email

② Name in full

Address

Tel . No. Mobile No.

Email

How did you hear about the college?

Newspaper

www

Relative/ Friend

Other sources (please state)

Declaration

I confirm that the information given in this form is correct and complete. I accept that the College has the right to cancel my application/admission, if it is found that I have provided false or inaccurate information or documents. I have read the instructions and I understand what they say and I agree to abide by the conditions , which I accept as a condition of this application.

Applicant's signature Date :

What happens next

Once you have completed this application form, please send it together with copies of all relevant documentations to the

Admissions Department,
London College of Accounting & Finance,
1.03 First Floor, Whitechapel Technology Centre,
65-75 Whitechapel road,
London E1 1DU

FOR REGISTRY USE ONLY

Student Interviewed by Date

Comments

Course Title

Course Code Course Duration

Tuition Fee Status Home Overseas Tution Fee

Date Received Processed by

FOR FINANCIAL USE ONLY

Registered fee received Yes No Receipt Number

Deposit Required

Payment Method
(e.g. Cash,Cheque,CC)

Fee payment Notes

Signed

Official institute stamp

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Date Received