



# AKADEMI KEMAHIRAN KLCC

D-3-8, BLOCK D, 3rd FLOOR, MEGAN AVENUE 1  
 AMPANG PARK 50450 KUALA LUMPUR, MALAYSIA.  
 Tel : 03 - 2181 6380 Fax : 03 - 2166 7118 HP : 016 266 3881  
 Email : klcc.marketing@gmail.com Web : www.klcc-skills.edu.my

STUDENT  
PHOTO

## INTERNATIONAL STUDENT APPLICATION FORM

### 1 COURSE OF STUDY

REG DATE  COURSE  AGT  TOTAL PMT

### 2 DOCUMENTS NEEDED (NEW APPLICATION)

<input type="checkbox"/>	<b>A</b>	Student Application Form (I - IV)	<input type="checkbox"/>	<b>E</b>	Medical Certificate
<input type="checkbox"/>	<b>B</b>	Passport Copy (2 Copies)	<input type="checkbox"/>	<b>F</b>	Initial Fee : RM1800 + RM2500
<input type="checkbox"/>	<b>C</b>	Certificate Copies (1 each)	<input type="checkbox"/>	<b>G</b>	Valid Visa Copy (3 Pgs - 1 Copy)
<input type="checkbox"/>	<b>D</b>	Passport Size Photos (2 Copies)	<input type="checkbox"/>	<b>H</b>	Others : <input type="text"/>

### 3 PERSONAL DETAILS

Title <small>(Mr / Miss / etc)</small> <input type="text"/>		Surname or Family Name <input type="text"/>		Given Names <input type="text"/>	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date Of Birth	<input type="text"/> <small>day</small>	<input type="text"/> <small>month</small>	<input type="text"/> <small>year</small>
Age <input type="text"/>		Citizenship <input type="text"/>			
Passport Number <input type="text"/>		Passport Expiry Date <input type="text"/>		Visa Expiry Date <input type="text"/>	
Address In Malaysia <input type="text"/>		Permanent Address In Home Country <input type="text"/>			
Telephone <input type="text"/>		Telephone <input type="text"/>			
<small>Country Code Area Code Number</small>		<small>Country Code Area Code Number</small>			
Fax <input type="text"/>		Fax <input type="text"/>			
<small>Country Code Area Code Number</small>		<small>Country Code Area Code Number</small>			
Email <input type="text"/>		Email <input type="text"/>			

### 4 PARENTS / GUARDIAN PARTICULARS

Title <small>(Mr / Miss / etc)</small> <input type="text"/>	Name <input type="text"/>	Relationship With Student <small>(Father/Mother/Guardian)</small> <input type="text"/>
Occupation <input type="text"/>	Personal Contact Number <small>(Home / Mobile)</small> <input type="text"/>	Office Number <input type="text"/>

### 5 EDUCATIONAL QUALIFICATIONS

Name of School or Institution	Place	Name of Qualification or Examination <small>(eg : SPM, STPM, GCE 'O' and 'A' Level, etc)</small>	Place	Completed <small>(YES or NO)</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 6 DECLARATION

I agree to obey the rules regulation of KLCC SKILLS ACADEMY. I declare that to the best of my knowledge the information given in this application and the documentation supporting it is correct and complete.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
Parent / Guardian Signature	<input type="text"/>		
KSA Staff / Representative Name	<input type="text"/>	Date	<input type="text"/>