L C B

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STUDY TOUR PROGRAMME APPLICATION FORM

STUDENT ID: LCB/____ PLEASE COMPLETE IN CAPITAL LETTERS Surname **Forename** Title (e.g. Mr/Ms/Mrs) **Other Names Nationality** IC No/ Passport No **Date of Birth Address** Town/City **Post Code** Tel No. (Work) Tel No. (Home) Tel No. (Mobile) **Email Address PARENTS / GUARDIAN DETAILS** Name **IC No/ Passport No Address** Tel No. (Home) Tel No. (Mobile) **Email Address LCB PROGRAMME Tuition Fees** Duration **STUDY TOUR** 2 weeks **USD \$588 TERMS AND CONDITIONS** Applicants must enclose with the following documents: 1. A copy of your IC (Identity Card) or passport. 2. Two photographs I confirm that information given in this form is correct and complete. Signature Date