



## FEE PAYING FORM

### SECTION A: BIODATA

SURNAME:

FIRST NAME:

OTHER NAME(S):

GENDER:

TITLE (MR, MRS, MS):

NATIONALITY:

NAME OF EMPLOYER:

JOB TITLE:

PRESENT GROSS SALARY:

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### SECTION B: MODE OF FINANCING OF PROGRAMME:

Please tick (✓) preferred choice of financing your programme

SCHOLARSHIP

*If not successful with scholarship, will you consider self-financing option?*

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SELF-FINANCING