



STUDENT PERSONAL PARTICULARS FORM

STUDENT FULL NAME (according to Study Visa / ICA Letter):

PASSPORT NO: *

DATE OF BIRTH: *



SINGAPORE PHONE NUMBER:

WHATSAPP NUMBER:

GENDER / SEX: *

MALE

FEMALE

SINGAPORE ADDRESS:

BLOCK

Address Line 2

Postal / Zip Code

Singapore



Floor number and unit number must be in the address , example (BLK 123 , ALEXANDRA ROAD , # Floor Number - Unit Number , SINGAPORE 123456)

EMAIL ADDRESS: *

FIN Number (refer to Study Visa / ICA Letter): *

@gmail.com, @icould.com , @yahoo.com, @hotmail.com

EMAIL ADDRESS CONFIRMATION: *

@gmail.com, @icould.com , @yahoo.com, @hotmail.com

FATHER/MOTHER OR OTHER FAMILY MEMBER PHONE NO: *

RELATIONSHIP TO APPLICANT *

FATHER MOTHER

OTHER IMMEDIATE FAMILY MEMBER
(BIOLOGICAL BROTHER/SISTERS)

Emergency contact (WhatsApp)

Vaccination

Date Taken



Latest Vaccine dose

Date of Last Vaccination taken

Vaccination Certificate

Upload

 or drag files here.

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Action