

Telephone: Students Unit
(020 7402 0045)
Students Hostel
(020 7402 0953)
Fax: 020 7262 8406
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Email: admin@upp.org.uk



سورھنجاي تيڦڤي ننگار بروني دارالسلام

SURUHANJAYA TINGGI NEGARA BRUNEI DARUSSALAM
HIGH COMMISSION OF BRUNEI DARUSSALAM

(STUDENTS UNIT)
35 – 43 Norfolk Square
London W2 1RX

ACADEMIC STATUS FORM (ASF1) – 2011/2012 SESSION

ASF1

- A. For the newly awarded scholarship students, the completed form should reached the Students Unit NOT LATER THAN TWO WEEKS after arrival.
B. When returning this form, Please ensure that (i) it is completed and (ii) Make sure that you attached a copy of a paying slip (Bank Details) and 2 passport size photographs properly attach at the allocated space
C. Failure to complete and return may result in UNNECESSARY DELAY OF PAYMENT OF YOUR ALLOWANCES. Please advise if your Bank Account has changed.
D. Advance Allowances paid in Brunei up toand attached a copy of the advance statement or receipt
E. Please post / email to admin@upp.org.uk / send by hand.

1. BS/D/DS/N/U/Y/SA NO: _____ S NO.: _____

2. NAME: _____

3. TYPE OF SCHOLARSHIP:

MOE		SPECIAL SCHEME 'A' LEVEL MEDICINE / EDUCATION		DANA	
BAS		UBD		ITB	
MoFAT		MoRA		YAYASAN	
UNISSA		MoRA DANA		RBA	

Please place your
passport size
photograph
here

YEAR AWARDED SCHOLARSHIP : SESSION _____

BONDED: TO WORK WITH GOVERNMENT (YES/NO)
TO WORK WITH MINISTRY OF EDUCATION (YES/NO) NOT BONDED: (YES/NO)

4. CONTACT ADDRESS / NUMBERS

4.1. ADDRESS (U.K. OR EIRE)

4.2. ADDRESS (PARENTS OR IN NBD)

.....
.....
.....

.....
.....
.....

FIRST DATE YOU ARRIVE IN UK :

TEL :

TEL :

MOB :

MOB :

4.3. E-MAIL ADDRESS

4.4. CONTACT PERSON INCASE OF EMERGENCY TEL:

5. DATE OF BIRTH :

6. MARITAL STATUS: SINGLE/MARRIED

7. RELIGION :

8. GENDER : MALE / FEMALE

9. PASSPORT NO : DATE OF ISSUE : EXPIRY DATE :

10. VISA EXPIRE DATE :

TYPE OF PASSPORT (NBD PASSPORT / DIPLOMATIC PASSPORT)

11.

PARTICULARS OF PARENTS / GUARDIANS

BS NO :	FATHER	MOTHER
FULL NAME		
OCCUPATION		
EMPLOYER		
OFFICE TEL. NO.		
OFFICE ADDRESS		
HOME TEL. NO.		
Pls. State if Deceased		

12.

COURSE / INSTITUTION

	<u>SESSION 2010/2011</u>	<u>SESSION 2011/2012</u>
PLACE OF STUDY		
DEPARTMENT / FACULTY		
NAME OF COURSE		
YEAR OR LEVEL OF COURSE		
DATE OF SESSION COMMENCE		
DATE / YEAR EXPECTED TO COMPLETE COURSE		
DURATION OF COURSE Years Years
ARE YOU IN THE FINAL YEAR?		YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF COURSE TUTOR / SUPERVISOR		
TELEPHONE NUMBER:		
E-MAIL ADDRESS:		

Please place your
passport size
photograph
here

PLEASE NOTE MY BANK AND RESIDENTIAL ADDRESSES SHOWN BELOW.
(To be written in FULL BLOCK LETTER)

NAME : BS NO: S NO:
(According to Name appeared at your Bank Account)

NAME OF BANK :

ADDRESS OF BANK :
.....
.....

BANK BRANCH :

BANK SORT CODE: - -

PERSONAL ACCOUNT NO :

NB: Students allowances will continue to be credited at the above Bank Account. Should students wish to change their bank account elsewhere, a clearance letter from the Manager of their original bank must be sought. Approval from the Director of Studies in London ought to be obtained.

FOR OFFICIAL USE					
SESSION 20010/11	'O' LEVEL OR EQUIVALENT	'A' LEVEL OR EQUIVALENT	HND OR EQUIVALENT	DEGREE OR EQUIVALENT	POST GRADUATE
BOOKS
CLOTHING
EQUIPMENT

STUDENT'S SIGNATURE : DATE :