

Sahara Student Services for Training and Education -United Kingdom

www.saharass.co.uk

Sahara Student Services-International Agents Representation Consent Form

Please return to The International Office Sahara Student Services Office 15, 36 Gervis Road, Bournemouth BH1 3DH United Kingdom info@saharass.co.uk

Personal Details	
Surname/	
Family Name	Mr Mrs Miss Ms
First name(s)	Date of birth
I give consent for my education consultant Sahara Student Services, to act on my behalf for all matters relating	
to my application and /or visa councelling services including, but not limited to:	
. completing and submitting an application on my behalf; and	
. accepetign any offer on my behalf.	
I confirm that all the information that i give to my education consultant will be true, complete and accurate.	
Academic study Starting Date	
Academic st	Starting Date
Level of study	
Course name	
	I agree to Sahara Student Services recording and processing information on this form. I understand that my personal information may be shared with other partner organisations of education and training.
Signature	Date