

MICHAEL UNIVERSITY

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APPLICATION FORM

Instructions: In preparing this application, please type or print. Be sure to sign and date this form.

	Undergraduate		Grad	luate	Doctoral I	Programme
1.	Name:					
	First		Middle		Last	Maiden
2.	National Identification I	Number: _				
3.	Date of birth:/	/	Place:		Citizenship):
	Day/Mon	th/Year				
4.	Address:					
					t/Unit Number	
	City	County	S	State	Country	Zip Code
5.	Telephone Contacts: _			(Cel) Email:		
6.	Facebook Account:					
7.	Employer:	ployer:Position:				
8.	Education/Diploma & D	ducation/Diploma & Degrees Obtained:				
9.	Course:					
10.	Date (DD/MM/YYYY):	/		Signatu	ıre:	
11.	Recruitment Agent:			-		

USD WIRE INSTRUCTIONS

For the initial credit of:	FirstCaribbean International Bank (Bahamas) Limited		
SWIFT Code:	FCIBBSNS		
Account Number:	2000192005416		
Beneficiary Account No	24809513		
Branch code/Transit number	9706		
Name	McHari Institute		
Address	Easter Rd Tackwood Court, Nassau, Bahamas		
Phone	(242) 428-3773		
P.O.Box	SS-6901		

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