		FN		TIONAL U	INIVERSITY	SAS 08A
UPDATE OF STUDENT PERSONAL DETAILS FORM						
Please complete all secti A PERSONAL DETAILS	11	ck boxes where	e appropriate			
				ant Engella		
	Official Student Email :					
Other Name(s) :	Work / Personal Email :					
First Name :						
Date of Birth:						
(DD/MM/YY)						
B REQUESTED CHANGES						
Cł	hecklist		Local	Regional	International	
Valid Photo ID/Photo (Driver's License, FNPF Joint Card,						
Voters ID, Employee ID, Passport and any other valid ID						
Birth Certificate						
Marriage Certificate (If Applicable)						
Tax Identification Number (If Applicable)						
Passport Biodata Page						
NAME (Only as per Birth Certificate and Marriage Certificate where applicable) Update Name to:						
PHONE CONTACT						
Update Mobile Number to:			Update Telephone Number to:			
Country Code ()			Country Code ()			
RESIDENTIAL ADDRESS		POSTAL ADDRESS				
Level 1:			Level 1:			
Level 2: Level 3:				Level 2: Level 3:		
				-		
EMERGENCY DETAILS Name:			TERM ADDRESS TO (Where you live while studying @ FNU):			
Contact:			Level 1: Level 2:			
Address:				_		
Relationship to you:						
Student Signature		Date (DD/MM/YY)				
[Typing your name is considered as signature in this form]						
Submit this completed form to: admission@fnu.ac.fj				Authorised By The University Registrar		