horizontal line

Migration Form Online

**Applicant Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Gender: [ ] Male [ ] Female [ ] Other**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Residence**

* **Address Line 1:**
* **Address Line 2:**
* **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Migration  
(Check all that apply)**

* **Study**
* **Work**
* **Medical Treatment**
* **Family Reasons**
* **Permanent Relocation**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Online Documentation Submission**

| **Document Type** | **Uploaded (Yes/No)** | **Date Uploaded** | **Status** |
| --- | --- | --- | --- |
| **Passport** |  |  |  |
| **Visa** |  |  |  |
| **Birth Certificate** |  |  |  |
| **Proof of Address** |  |  |  |
| **Health Clearance** |  |  |  |
| **Financial Proof** |  |  |  |
| **Other (Specify):** |  |  |  |
| **Other (Specify):** |  |  |  |

**Applicant Declaration  
I confirm that all provided information and uploaded documents are accurate and up-to-date.**

**Applicant’s Signature (Typed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**