



مركز سعيد الشمرى للتدريب القانوني
SASLO LEGAL TRAINING CENTER

SELF SPONSORED APPLICATION FORM

LEGAL ENGLISH SKILLS (TOLES) CERTIFICATE

Please complete the form in BLOCK CAPITALS.

الاسم الكامل (باللغة العربية) _____

Full Name (Same as passport/ ID) : _____

Postal Address : P.O. Box: _____ P.C : _____

Location Address: Blg No.: _____ Flat No.: _____ Way No.: _____ City: _____

Date of Birth: _____ * ID/ Residence Card No.: _____ Expiry Date: _____

Telephone No. (Day-time): _____ Mobile No: _____

Highest Education level : _____

E-mail (in block letters) : _____

*Note: Attachment of Residence Copy

FOR OFFICIAL USE ONLY

Application No.

Placement Test Date