



مركز سعيد الشمرى للتدريب القانوني
SASLO LEGAL TRAINING CENTER

CORPORATE APPLICATION FORM

TEST OF LEGAL ENGLISH SKILLS (TOLES) CERTIFICATE

Please complete the form in **BLOCK CAPITALS**.

1) **Full Name** (Same as passport): _____

2) **Address** : P.O. Box: _____ P.C : _____

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

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

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

E-mail: _____

3) **Highest Education Qualification** : _____

4) **Employment Position** : _____

COMPANY DETAILS

Company Name			
Address	Postal :	Location :	
	P.O. Box :	Office No :	
	P.C.	Building Name & No.:	
		Street Name/ Way No.	
Approving Authority	Name :	Designation :	
	Telephone :	GSM :	
	Email:	Fax:	
Signature & Date	Mode of Payment: Cheques should be drawn in favour of : Said Al Shahry Legal Training Center LLC Wire transfer to be made to: Account Number : 0090 2000 5982 Bank Name : Bank Sohar SAOG Azaiba Branch Swift Code : BSHROMRU MOF Beneficiary Code : 1162 9401		
Company Seal			