

Proof of Payment Form

IXO Application Fee
Incoming Visiting (IXAT)

First Name _____ AUS ID# _____

Middle Name _____ Family Name _____

Nationality _____ Date of Birth _____

Address _____

Home
Telephone _____

Mobile _____

Email Address _____

Semester _____ Payment Fee (IXAT) AED 300.00

Cashier's Stamp and Date _____