

Proof of Payment Form

IXO Late Application Non-refundable Deposit
Incoming Visiting (IXAV)

First Name _____ AUS ID# _____

Middle Name _____ Family Name _____

Nationality _____ Date of Birth _____

Address _____

Home Telephone _____

Mobile _____

Email Address _____

Semester _____ Payment Fee (IXAV) _____ AED 800.00

Cashier's Stamp and Date _____