

## **MASTER REGISTRATION FORM**

(PLEASE FILL FORM WITH PRINTED LETTERS)

PERSONAL DATA	
Name and surname	
Father's name and surname	
Mother's name and surname	
Sex: Male/Female	
Passport No.	
Place of Issuance (City, Country, State)	
Passport Date (Issuance Date – Expiration Date)	
Date of Birth (dd.mm.yyyy)	
Place and Country of Birth	
Nationality	
Citizenship	
Country of residence	
Municipality of residence	
Place of residence	
Address of residence	
Phone number	
Mobile phone number	
E-mail address	

## **Attestation and Certification**

I understand that the FEE-UNI reserves the right to verify the validity and accuracy of all information contained in this application. I certify that all information in this application is correct. I understand that any falsification or omission whatsoever of any information entered on/or required by this application will void my actual or prospective admission to the FEE-UNI. Should any information in this application change after the date of signing entered below, I understand my obligation to notify FEE-UNI immediately.

Date: Signature: