LETTER OF FINANCIAL SUPPORT

Date:						
Name	:					
Address	:					
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I am as the fat	her/mother/		of	the following a	pplicant:	
Name	:					
Place & Date	of birth:					
Program	:					
agree to provi	de financial su	pport to t	the above	mentioned app	olicant up to the	e completion
of the study. H	Hereby I confir	m this sta	atement is	s made accordin	ng to the true c	ondition and
to be used app	propriately.					
				Sincerely,		
				Signature:	Legal Seal	