



STUDENT ENROLMENT FORM

Name of Course

Code:

Section 1: Business Particulars

Legal Name	
Trade Name	
Registration Number	
Registration Date	
Business Formation	
Physical Address	
Postal Code	
Postal Address	
Postal Code	
Business Telephone Number	
Fax Number	
Cell phone Number	
Email Address	
First Contact Person	
Alternate Contact Person	
Description of Business Function	



Section 2: Student Details

First Names	
Surname	
Identification Number	
Home Tel. Number	
Cell Phone Number	
Email Address	
Residential Address	
Postal Code	

Additional Information

Education History

Last Institution Attended	
Highest Qualification Achieved	
Year Completed	

Next of Kin

Name and Surname	
Relationship to Student	
Cell Phone Number	
Email Address	

Payment Method

Payment Method	
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Declaration

I declare that the information supplied above is true and correct. I understand that it is a criminal offence to provide false information.

Name	
Signature	
Date	

For Office Use Only

All Fields Completed	
All Support Documents Provided	
Proof of Payment	
Enrolment Date	
Student Number	
Administrative Sign Off	
Date	