



REGISTRATION FORM 1

Registration number: 2014/120259/07

Please complete this form in BLOCK LETTERS, and Fax: 086 573 4290 or email: silvanusmnweba@gmail.com

PERSONAL DETAILS

NAME (Mr./Mrs./Miss): _____

ADDRESS : _____

EMAIL : _____

RACE : _____ SEX : MALE FEMALE

ID NO : _____ NATIONALITY : _____

DATE OF BIRTH : _____ RELIGION : _____

TELEPHONE NO: (H) _____ (C) _____ (W) _____

OCCUPATION : _____

SCHOOL/TERTIARY/OTHER _____

IN CASE OF EMERGENCY

CONTACT PERSON : _____ RELATIONSHIP : _____

TELEPHONE NO: (H) _____ (C) _____ (W) _____

COMPUTER BASIC LESSON: Please tick (/)

COURSE FEE

() Microsoft Word R750. 00 each
() Microsoft Excel
() Internet
() Power point

() Deposit is compulsory R375. 00

NB: Consider the number of each registrant and multiply the deposit according to number required to be registered.

DEPOSIT	
Total Number of Registrant	Deposit Amount
Total of deposit	

HOW YOU KNOW US?

(You may tick more than one)

() Brochure
() Website
() Business card
() Social network

Other _____

DECLARATION:

I hereby declare that all the above information is correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Class : _____
Amount Paid : _____
Paid Date : _____
Receipt No. : _____