



REGISTRATION FORM 2

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 (/)

() Microsoft Word
() Microsoft Excel
() Internet
() Power point

COURSE FEE

R1500. 00 all

R750. 00

() Deposit is compulsory

HOW YOU KNOW US?

(You may tick more than one)

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

Other _____

:

DEPOSIT	
Total Number of Registrant	Deposit Amount
Total of deposit	

DECLARATION:

I hereby declare that all the above information is correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

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