Registration form for ICB Courses

PLEASE NOTE: CATEGORY 1 TO 4 MUST BE COMPLETED BY ALL STUDENTS.

1. Personal Details and Academic History – Compulsory

Mr Mrs Miss Ms Other InitialsSurname
First Name/s (as in Identity Document)
Have you registered/studied at Edge before? Y N
Gender: Male Female Race: African White Coloured Indian Other
Home Language:
Nationality: SA Other Date of birth: Day Month Year
SA identity number:
(Passport number if not SA citizen. Please attach copy of ID or Passport with visa)
UNISA qualification
Are you: Employed full time Employed part-time Contract Unemployed / Full time student
Postal Address: Physical Address:
Suburb Suburb
City City
Postal code Postal code
2. <u>Contact details</u>
Your contact numbers (1 land line is compulsory)
Work: Code Number Number
Home: Code Number Number
Cell: Code Number De
E-mail Address:

3. Emergency contact details: Next of Kin

First Name:Surname:	
Relationship:	
Contact Number: Cell: Code	
Home: Code	
Work Code Number	
E-mail Address:	
	Initial

4. Medical details

Medical aid
Medical aid no
Doctor's name Doctor's no
Allergies : Yes No
If yes please specify:
Chronic medication: Yes No
If yes, please specify
Disabilities: Yes No
If yes, please specify
Do you have any disabilities that may require assistance?
Please specify: Visually impaired Hearing impaired Speech impaired
Learning disability Motor impaired Other

Third Party Details (Individual / Business)

IF THE THIRD PARTY IS A BUSINESS

Business Name:	
Business Registration No	
Business VAT No	
Postal Address:	Physical Address:
Suburb Suburb	
City City	
Postal Code	Postal Code
Country SA	Country SA
If not SA please specify Country:	If not SA please specify Country:
Contact person:	_
E-mail Address:	_
Iel: Code Number	

IF THE THIRD PARTY IS AN INDIVIDUAL

Mr Mrs Miss Ms Other Initia	alsSurname
First Name/s (as in Identity Document)	
ID number of Account Holder	
Relation to student:	
Postal Address:	Physical Address:
Suburb	Suburb
City	City
Postal Code	Postal Code
Country: SA	SA 📃
If not SA please specify Country:	If not SA please specify Country:
Contact numbers (1 land line is compulsory)	
Work: Code Home: Code	
Home: Code Number Image: Code Cell: Code Number Image: Code Image: Cod	
E-mail Address:	

Course registration details

I hereby wish to enrol for the following ICB course at Edge:

National Certificate: Bookkeeping

	Foundation Level	Full time Please (√)	Part time Please (√)	Cost
1	Bookkeeping to Trial Balance (BKTB)			
2	Payroll and Monthly SARS Returns (PMSR)			
3	Computerised Bookkeeping (CPBK)			
4	Business Literacy (BUSL)			
			Total	

COMPLETE THIS PAGE ONLY IF YOU ARE NOT SETTLING YOUR ACCOUNT AT REGISTRATION.

Payment terms

	Rand value
Tuition fee (incl. 14% VAT)	
Less discount if applicable	
Tuition fee after discount	
Admin Fee (5%* or 10%**)	
Total fee due for the semester/year	
Deposit amount paid at registration (minimum of 1/5 or 1/11	
Monthly debit order amount due	

 \ast A 5% admin fee is applicable to pay tuition fees over 5 instalments (registration in July and 4 monthly payments August to November)

**Only for an annual registration. A 10% admin fee is applicable to pay tuition fees over 11 instalments (registration in January and 10 monthly payments February to November).

Debit order details are compulsory for instalment option. Please complete debit order application form.

Debit order

Monthly Credit Card deduction

(Students who choose this option must pay Edge before the 20th of each month)

May we send you important information by e-mail o	r SMS?	Yes	No	
May we send your statement by e-mail?		Yes	No	
May we share your contact details with employment	t agencies?	Yes	No	
May we share your contact details with other studen	nts	Yes	No	
How did you hear about Edge Business School? Street pole adverts Exam Venue Flyer Edge representative at UNISA centre Other:	Word of Mout	n		
signature:	Date:			

Initial_____

Debit order application form

Full name/s of Student:
Account type: Savings 🔄 Cheque 🔝 Transmission 📃
Student number
Full name/s of payer:
Bank Salary Date: Day
Branch No
Signature of Account Holder
I the undersigned authorise Edge Business School (Pty) Ltd to draw against my/our bank account the debit order
amount in terms of my application on the last working day of the month for the ruling amount in terms of the stipulations
of the contract, payment in arrears and debit instalment on the day commencing
and be terminated on All such withdrawals from my account will be treated as though
they have been signed by me personally and I requested the bank to debit my account with these drawings.
Authorised signature: Date:
Amount of the debit order (in words):
Rands andcents
Amount of the debit order (in numbers):
*A R150.00 fee is charged against each dishonoured debit order.

Initial_____