

IF THE THIRD PARTY IS AN INDIVIDUAL

Mr Mrs Miss Ms Other Initials _____ Surname _____

First Name/s (as in Identity Document) _____

ID number of Account Holder

Relation to student: _____

Postal Address:

Suburb _____

City _____

Postal Code

Country: SA

If not SA please specify Country: _____

Physical Address:

Suburb _____

City _____

Postal Code

SA

If not SA please specify Country: _____

Contact numbers (1 land line is compulsory)

Work: Code Number

Home: Code Number

Cell: Code Number

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	

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	

* 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 or SMS? Yes No

May we send your statement by e-mail? Yes No

May we share your contact details with employment agencies? Yes No

May we share your contact details with other students Yes No

How did you hear about Edge Business School?

- Street pole adverts
- Exam Venue Flyer
- Edge representative at UNISA centre
- Other: _____
- Word of Mouth
- Internet
- Email

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 _____

Account Number

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 and _____ cents

Amount of the debit order (in numbers): _____

***A R150.00 fee is charged against each dishonoured debit order.**

Initial _____