Registration form for CFA® Programs

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

1. Personal Details and Academic History – Compulsory
Mr Mrs Miss Ms InitialsSurname
First Name/s (as in Identity Document)
CFA student number Gender: Male Female Race: African White - Coloured Indian Other
Home Language: Nationality: SA Other Date of birth: Day Month Year Year
SA identity number: (Passport number if not SA citizen. Please attach copy of ID or Passport with visa) Are you: Employed full time
Postal Address: Physical Address:
Suburb Suburb
City City
Postal code Postal
Your contact numbers (1 land line is compulsory) Work: Code Number Numb

Program registrations details

E-mail Address: _____

I hereby wish to enrol for the following program at Edge:

		Leve	I I CFA	Leve	I II CFA	Level	III CFA
	Indicate Program	Please (√)	Cost	Please (√)	Cost	Please (√)	Cost
1	Face-to-face - Early start program* June 2018 exam				R17 000		R17 000
2	Face-to-face - Normal program* June 2018 exam		R17 000		R17 000		R17 000
3	Online program June 2018 exam		R12 000		R12 000		R12 000
4	Revision and exam course Dec 2017 exam		R 999				
5	Revision and exam course June 2018 exam		R4 500		R4 500		R4 500

^{*}Face-to-face lecture programs includes revision course and exam sessions

Initial	

North Code Number Numbe	3. <u>Emergency contact details</u>	: Next of Kin
Contact Number: Coll: Code	First Name:S	Surname:
A. Medical details Medical details Medical aid Medical oid no Doctor's nome Doctor's nome Doctor's nome Altergies: Yes No f yes please specify: Chronic medicalion: Yes No f yes, please specify: Do you have any disabilities that may require assistance? Please specify: Visually impaired Hearing impaired Speech impaired Do you have any disabilities that may require assistance? Please specify: Third Party Details (Individual / Business) IF THE THIRD PARTY IS A BUSINESS Susiness Name: Susiness Registration No Dostal Address: Physical Address: Physical Address: Physical Address: If not Sa please specify Country: Contact person: Cont	Relationship:	
Mark Code Number	Contact Number: Cell: Code Numb	per
4. Medical details Medical oid Medical oid	Home: Code Number	
4. Medical details Medical aid no Medical aid no Doctor's name Doctor's no Allergies: Yes No If yes please specify: Chronic medication: Yes No If yes, please specify Do you have any disabilities that may require assistance? Please specify: Visually impaired Hearing impaired Speech impaired Description of the second of the se	Work Code Number	
Medical details Medical did no Doctor's name Doc	E-mail Address:	
Medical aid no		Initial
Medical aid no	4 Modical dotails	
Medical aid no Doctor's name Doctor's Doctor's	4. <u>Medical delalis</u>	
Doctor's name Do	Medical aid	
Allergies: Yes No f yes please specify: Chronic medication: Yes No f yes, please specify Disabilities: Yes No f 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 Name: Business VAT No Costal Address: Physical Address: Physical Address: Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address: Contact person: E-mail Address: Contact person: E-mail Address:	Wiedled did no	
f yes please specify: Chronic medication: Yes No f yes, please specify Disabilities: Yes No f 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 Postal Address: Physical Address: Physical Address: Contact person: E-mail Address: Contact person: E-mail Address: Contact person: E-mail Address:		_ Doctor's no
Chronic medication: Yes No f yes, please specify Disabilities: Yes No f 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 Costal Address: Physical Address: Physical Address: Suburb City Contact person: E-mail Address: If not SA please specify Country: If not SA please specify Country: Contact person: E-mail Address:	Allergies : Yes No	
Tyes, 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 Dearning disability Motor impaired Other Third Party Details (Individual / Business) IF THE THIRD PARTY IS A BUSINESS Business Name: Business Name: Business VAT No Destal Address: Physical Address: Physical Address: Postal Code Country SA If not SA please specify Country: If not SA please specify Country: Contact person: E-mail Address:		
Disabilities: Yes No f 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 Name: Business VAT No Postal Address: City City Postal Code Country SA If not SA please specify Country: If not SA please specify Country: Contact person: E-mail Address:	Chronic medication: Yes No	
f yes, please specify	If yes, please specify	
Please specify: Visually impaired Hearing impaired Speech impaired Decarring disability Motor impaired Other Third Party Details (Individual / Business) IF THE THIRD PARTY IS A BUSINESS Business Name: Business Registration No Postal Address: Physical Address: Physical Address: Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	Disabilities: Yes No	
Please specify: Visually impaired	If yes, please specify	
Third Party Details (Individual / Business) IF THE THIRD PARTY IS A BUSINESS Business Name: Business Registration No Postal Address: Physical Address: Physical Address: Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address: Other Ot	Do you have any disabilities that may require assistan	ice\$
Third Party Details (Individual / Business) IF THE THIRD PARTY IS A BUSINESS Business Name: Business Registration No Business VAT No Costal Address: Physical Address: City City City Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	Please specify: Visually impaired Hearing impair	red Speech impaired
Business Name: Business Registration No Business VAT No Busine	Learning disability Motor impaired Other	
Business Name: Business Registration No Business VAT No Busine		
Business Name: Business Registration No Business VAT No Busine	Third David, Dataila (Individua	ul / Dunimana)
Business Name: Business Registration No Business VAT No Busine	iniia rany Deiaiis (inaiviaua	<u>ii / Business)</u>
Business Name: Business Registration No Business VAT No Busine	IF THE THIRD DARTY IS A DUSIN	Fee
Business Registration No Business VAT No Busin	IF THE THIRD PARTY IS A BUSIN	<u>E33</u>
Business VAT No Postal Address: Physical Address: Suburb City City Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	Business Name:	
Postal Address: Suburb Suburb City City Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	Business Registration No	
Suburb City City Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	Business VAT No	
City Postal Code Country SA Postal Code If not SA please specify Country: Contact person: E-mail Address:	Postal Address:	Physical Address:
City Postal Code Country SA Postal Code If not SA please specify Country: Contact person: E-mail Address:		
City Postal Code Country SA Postal Code If not SA please specify Country: Contact person: E-mail Address:		
Postal Code Country SA Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	Suburb	Suburb
Postal Code Country SA Postal Code Country SA If not SA please specify Country: Contact person: E-mail Address:	City	City
If not SA please specify Country: If not SA please specify Country: Contact person: E-mail Address:		
Contact person:	Postal Code Country SA	Postal Code Country SA
E-mail Address:	If not SA please specify Country:	If not SA please specify Country:
E-mail Address:	Contact person	
iei. Code		
	iei. Code Number	

Initial	

Mr Mrs Miss Ms Other Initials	Surname
irst Name/s (as in Identity Document)	
D number of Account Holder	
Relation to student:	
Postal Address:	Physical Address:
uburb Subu	rb
City City	
Postal Code	Postal Code
Country: SA	SA .
f not SA please specify Country:	If not SA please specify Country:
Contact numbers (1 land line is compulsory)	
Vork: Code Number	
Home: Code Number	
Cell: Code Number	
E-mail Address:	D. A.C.COUNT. AT DECISTRATION
COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOUR	R ACCOUNT AT REGISTRATION. Rand value
E-mail Address: COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOUR Payment terms Tuition fee (incl. 14% VAT)	
COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOUR Payment terms	
COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOUR Payment terms Tuition fee (incl. 14% VAT)	
Payment terms Tuition fee (incl. 14% VAT) Less discount if applicable	
COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOUR Payment terms Tuition fee (incl. 14% VAT) Less discount if applicable Tuition fee after discount	
COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOUR Payment terms Tuition fee (incl. 14% VAT) Less discount if applicable Tuition fee after discount Admin Fee (5% or 10%)*	Rand value
Payment terms 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	Rand value
Payment terms 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 insta	Rand value
Payment terms 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)	Rand value I) Ilments and a 10% admin fee is applicable to pay tuit

(Students who choose this option must pay Edge before the 20th of each month) Initial_ May we send you important information by e-mail or SMS? May we send your statement by e-mail? May we share your contact details with employment agencies? Yes May we share your contact details with other students How did you hear about Edge Business School? Street pole adverts Word of Mouth Internet Exam Venue Flyer Edge representative at UNISA centre Email SIGNATURE: Date: Debit order application form Full name/s of Student:_ Account type: Savings Cheque Transmission Student number Full name/s of payer: _____ Salary Date: Day Bank____ 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 __ _____. All such withdrawals from my account will be treated as though and be terminated on___ 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_