

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 Initials _____ Surname _____

First Name/s (as in Identity Document) _____

Have you registered/studied at Edge before? Y N

ICB student number, if you have one

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. Contact Details

Your contact numbers (1 land line is compulsory)

Work: Code Number

Home: Code Number

Cell: Code Number

E-mail Address: _____

3. Emergency Contact Details: Next of Kin

First Name: _____ Surname: _____

Relationship: _____

Contact Number: Cell: Code Number

Home: Code Number

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: _____

Tel: Code Number

Initial _____

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:

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 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:

	Courses offered	Full time		Part time		Online	
		Please (✓)	Cost	Please (✓)	Cost	Please (✓)	Cost
1	National Certificate: Bookkeeping (full package)		R22 500.00				
2	Further Education and Training Certificate (full package)		R12 500.00				
3	National Certificate: Bookkeeping (individual modules)						
	Bookkeeping to Trial Balance (BKTB)				R 5000 .00		
	Payroll and Monthly SARS Returns (PMSR)				R 5000 .00		
	Computerised Bookkeeping (CPBK)				R 5000 .00		
	Business Literacy (BUSL)				R 5000 .00		
4	Further Education and Training Certificate (individual modules)						
	Financial Statements				R 5500 .00		
	Cost & Management Accounting				R 5500 .00		
5	National Diploma: Technical Financial Accounting (individual modules)						
	Income Tax Returns						R 2250.00
	Business Law & Accounting Control						R 2250.00
	Total						

Initial _____

Payment terms

	Rand value
Tuition fee	
Admin Fee (5%* or 10%**)	
Total fee due for the semester/year	
Deposit amount paid at registration (minimum of 1/4 or 1/10	
Monthly debit order amount due	

* A 5% admin fee is applicable to pay tuition fees over 4 instalments.

** A 10% admin fee is applicable to pay tuition fees over 10 instalments

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

Debit order

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 _____

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

Word of Mouth

Exam Venue Flyer

Internet

Edge representative at UNISA centre

Email

Other: _____

SIGNATURE: Date:

Initial _____