## **Registration form for Edge FIT 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/FRM student number
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 Employed part-time Contract Unemployed / Full time student
Postal Address:  Physical Address:  Suburb  Suburb
City City
Postal code Postal code Postal code Postal code
Your contact numbers (1 land line is compulsory)
Work:         Code         Number

## <u>Program registrations details</u>

E-mail Address:

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

	Indicate Program	Level I CFA (December exam)		Part I FRM (November exam)	
		Please (√)	Cost	Please (√)	Cost
1	Face-to-face - program*		R17,000		R17,000
2	Online program		R12 000		R12 000
3	Revision and Exam course		R4 500		R4 500

<sup>\*</sup>Face-to-face lecture programs includes revision course and exam sessions

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5. Lineigency Confact defails. Next of Kill
First Name:Surname:
Relationship:
Contact Number: Cell: Code Number Number
Home: Code Number
Work Code Number L
E-mail Address:
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4. <u>Medical details</u>
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 Country SA Postal Code Country SA
——————————————————————————————————————
If not SA please specify Country: If not SA please specify Country:
Contact person:
E-mail Address:
Tel: Code Number

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<u>IF THE THIRD PARTY IS AN INDIVID</u>	DUAL
Mr Mrs Miss Ms Other Initials	Surname
First 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)	
Nork: Code Number	
Home: Code Number Number	
Cell: Code Number Number	
COMPLETE THIS SECTION ONLY IF YOU ARE NOT SETTLING YOU	R ACCOUNT AT REGISTRATION.
Payment terms	
	Rand value
uition fee (incl. 15% VAT)	
ess discount if applicable	
uition fee after discount	
Admin Fee (5%)*	
otal fee due for the semester	
Deposit amount paid at registration (minimum of 1/5)	
Monthly debit order amount due	
A 5% admin fee is applicable to pay tuition fees over 5 insta	ulments. Accounts must be settled by 30 November 20
Debit order details are compulsory for instalment option. Plec	ase 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)

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May we send you important information by e-mail o	or SMS?	Yes No		
May we send your statement by e-mail?		Yes No		
May we share your contact details with employmen	t agencies?	Yes No		
May we share your contact details with other studer	nts	Yes No		
How did you hear about Edge Business School?				
Street pole adverts	Word of Mou	uth		
Exam Venue Flyer	Internet			
Edge representative at UNISA centre	Email			
Other:				
SIGNATURE:				
<u>Debit order application fo</u>	<u>orm</u>			
Full name/s of Student:				
Account type: Savings Cheque Transmission				
Student number				
Full name/s of payer:				
Bank	_ Salary Date: D	ay		
Branch No				
Signature of Account Holder				
Account Number				
I the undersigned authorise Edge Business School (Pty) L	td to draw again	st my/our bank ac	count the debit order	-
amount in terms of my application on the last working o	day of the month	for the ruling amo	unt in terms of the stip	ulations
of the contract, payment in arrears and debit instalmer	nt on the day con	nmencing		
and be terminated on	All such withdraw	vals from my acco	unt will be treated as	though
they have been signed by me personally and I requeste	ed the bank to de	ebit my account w	vith these drawings.	
Authorised signature:	Date:			
Amount of the debit order (in words):				
Rai	nds and		cents	
Amount of the debit order (in numbers):				
*A R150.00 fee is charged against each dishonoured de	ebit order			
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