

CTA Supplementary Booking Form

Mr ☐ Mrs ☐ Miss ☐ First Name/s: _____ Surname: _____

To be filled by non Edge students

SA identity number Nationality: _____

Passport number if not SA citizen

Gender: Male ☐ Female ☐ Race: African ☐ White ☐ Coloured ☐ Indian ☐

Cell: Code Number E-mail Address: _____

What suburb do you live in? _____

What high school did you attend? _____

UNISA Student number if applicable.

Are you attending UNISA support lectures? ☐ Yes ☐ Full Time

☐ No ☐ Part Time

Where did you hear about Edge? _____

I/we consent to receiving marketing material by electronic methods of communication from Edge Business School ☐ Y ☐ N

Non-Edge students pay **R700** per module. **Edge students attend at no charge.***

CTA Supplementary Course Timetable

Module	Supplementary date	Time	Cost	Tick
AUE (4861 & 4862)	4 Jan 2016	9am – 5pm	R700	
MAC 4861	11 Jan 2016	9am – 5pm	R700	
MAC 4862	6 Jan 2016	9am – 5pm	R700	
FAC IFRS (4861 & 4863)	8 Jan 2016	9am – 5pm	R700	
FAC Groups (4862 & 4864)	10 Jan 2016	9am – 5pm	R700	
TAX (4861 & 4862)	13 Jan 2016	9am – 5pm	R700	
Total Cost			R	

*** T's & C's:** Edge Business School reserves the right to amend timetables without prior notification.

Costs are not refundable. These costs do not include additional tuition or interaction with lecturers.

Edge students are those who were registered for lectures in 2015 of the supplementary module.

I fully understand the type of programme for which I am enrolling at Edge Business School.

Edge is a private provider and is not part of UNISA. Academic services offered to Edge students are not compulsory and may be used at own risk or benefit. Costs are not refundable.

Debit/Credit Card ☐ Electronic Fund Transfer ☐ Cash ☐

SIGNATURE: DATE:

I hereby acknowledge that all information completed in this document is correct.

Third Party Details (Individual / Business)

To be filled if third party is paying your account.

Business Name: _____

Business Registration No

Business VAT No

Postal Address:

Physical Address:

Suburb _____

Suburb _____

City _____

City _____

Postal Code

Postal Code

Country: SA ☐ If not SA please specify Country: _____

Contact person: _____

E-mail Address: _____

Tel: Code Number

SIGNATURE: DATE:

I hereby acknowledge that all information completed in this document is correct.

Electronic Funds Transfers can be made to:

Account Name: Edge Business School (Pty) Ltd

Bank Name: Standard Bank

Branch: Eastgate

Branch Code: 018505

Account No.: 272682241

Account Type: Current Account

Reference: Your Name/CTA (e.g. Jane Smith/CTA)



011 038 5300 info@ebs.co.za  www.ebs.co.za
Shop U21, Stoneridge Centre, 1 Stoneridge Drive,
Greenstone Park, Edenvale, 1610
GPS: 26°06'56.88"S | 28°08'42.73"E
(2 minutes from Modderfontein Rd / Edenvale
offramp on the N3)