



Registration form – BLACK NOVEMBER

VALID: 15 NOVEMBER 2020 (08:00) – 13 December 2020 (23:59)

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 _____ Last Name _____

First Name/s (as in Identity Document) _____

Have you registered/studied at EBSdotCOZA before? Y N

UNISA student number

Gender: Male Female Race: African White Coloured Indian Other

Home Language: _____

Nationality: SA Other Date of birth: Day Month Year

SA identity number:

UNISA qualification _____

Are you: Employed full time Employed part-time Contract Unemployed / Full time student

2. Contact Details

Your contact numbers (1 land line is compulsory)

Work: Code Number

Home: Code Number

Cell: Code Number

E-mail Address: _____

Postal Address:

Physical Address:

Suburb _____

Suburb _____

City _____

City _____

Postal code

Postal code

Initial _____



Account Payer 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

IF THE THIRD PARTY IS AN INDIVIDUAL

Mr Mrs Miss Ms Other Initials _____ Last Name _____

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: _____



May we send you important information by e-mail, telegram or SMS?

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 EBSdotCOZA?

Street pole adverts

Word of Mouth

Email

Exam Venue Flyer

Internet

Telegram

School

Facebook

Colleague

Other

Other: _____

Declaration and undertaking

I declare that all particulars furnished by me on the form are true and correct. I undertake to comply with all the rules, regulations and decisions of EBSdotCOZA and any amendments thereto, and I have taken note of advice which may be applicable to students in general.

SIGNATURE: Date:

Signed at: _____

Banking details:

PLEASE BE AWARE OF CHANGE IN OUR BANKING DETAILS

Name: EBSDOTCOZA (PTY) LTD
Bank: FNB
Branch: Sandton City
Branch Code: 254605
Account Number: 62872117190
Reference **Student number / Initials + Last Name**

Course registration details



Online – Undergraduate University Extra Lessons

I hereby wish to enrol for modules for the following part time courses at EBSdotCOZA

Higher Certificate BCompt BCom Advanced Diploma in Accounting Sciences

	Indicate individual moduleS	Total
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	Total	

*Pricing as per BLACK NOVEMBER SPECIAL fees schedule

Online – Postgraduate University Extra Lessons

	Indicate postgrad qualification	Total	
		Please (✓)	Cost
1	CTA level 1*		R13 500.00
2	CTA level 2*		R13 500.00
3	Per module	BLACK NOVEMBER	
	FAC 4861/3		R 2 700.00
	FAC 4862/4		R 2 700.00
	MAC 4861/2		R 2 700.00
	TAX 4861/2		R 2 700.00
	AUE 4861/2		R 2 700.00
	Total		

*Pricing as per BLACK NOVEMBER SPECIAL fees schedule