

LIEDANI CC trading as

SYNERGETICA Academy

Private Bag 15509, Sinoville 0129 • Tel: 082 907 4327/071 287 2496 / Fax: 086 632 5232 • synergetica.academy@gmail.com

REGISTRATION FORM

FOR TUTORING SERVICES

TITLE	PREFERRED NAME			
FULL NAMES				
SURNAME				
IDENTITY NUMBER				
GENDER:	MALE FEMALE	PREFERRED LANGUAGE	ENGLISH AFRIKAANS	
POSTAL ADDRESS				
		CODE		
RESIDENTIAL ADDRESS		-		
		CODE		
WORK & POSITION				
WORK TEL	()			
FAX	()			
CELLPHONE				
HOME TEL				
E-MAIL				
HIGHEST QUALIFICATION (E.G. Grade 12 / BA Degree)				
COURSE YOU WANT TO REGISTER FOR				
PLEASE SUBMIT COPIES OF ID, CERTIFICATES AND PROOF OF PREVIOUS QUALIFICATIONS				

DECLARATION					
I declare that the information supplied by me is correct and true. I undertake to pay the prescribed tuition fees and take note that the tuition fees are NOT refundable.					
Signed		Parent / Guardian Date			
(PERSON RESPONSIBLE FOR ACCOUNT)					
PARENT / GUARDIAN NAME & SURNAME					
CONTACT NUMBER					
(PARENT / GUARDIAN MUST SIGN IF UNDER AGE)					
PLEASE CONSULT THE INVOICE FOR TUTORING FEES FAX DEPOSIT SLIP TO: 086 632 5232 INDICATE YOUR NAME ON SLIP AS REFERENCE					
BANK DETAILS	ACC NAME	LIEDANI CC			
		FIRST NATIONAL BANK, KOLONNADE			
	BRANCH CODE	251037 , CHEQUE			
	ACC NUMBER	62036860973			

PLEASE NOTE: THE GRADUATION FEE PAYABLE TO CERTIFYING INSTITUTION IS NOT INCLUDED IN THE TUTORING FEE WHERE APPLICABLE

For office use				
ACCEPTED	□ Yes	□ No		
CERTIFYING INSTITUTION (E.G. Diamond Governance)				
CONDITIONS / NOTES				
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