

2018 APPLICATION FORM

PERSONAL DETAILS

Title:		Last name/Surname:	
First name:			
Gender:		Date of Birth:	
ID No:			
Cell Number:			
Postal Address:			
City:		Province:	
Country:		Postal Code:	
Email Address:			

Race: Black White Indian Coloured

CITIZENSHIP

Are you a South African citizen? A permanent resident? Yes No

Nationality if No:	
Passport number:	

(Please attach certified copies of either SA identity or passport)

ACADEMIC HISTORY

Highest level passed: Matric Diploma Degree Other

Highest passed qualification:	
If other, please specify:	

*Please attach copies of transcripts of ALL levels passed, if in Matric your latest results.
International Students PLEASE SUBMIT CERTIFIED COPIES OF SCHOOL LEAVING CERTIFICATES*

CHOICE OF PROGRAMME

CIMA ACCA Foundation in Accountancy

CIMA REGISTRATION

Are you registered with CIMA

 Yes No

If Yes, CIMA Contact ID:

Qualification and subjects registering for? Please cross where applicable.

CIMA Certificate in Business Accounting

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> BA1	<input type="checkbox"/> BA2	<input type="checkbox"/> BA3	<input type="checkbox"/> BA4

CIMA Diploma in Management Accounting

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> E1	<input type="checkbox"/> F1	<input type="checkbox"/> P1	

CIMA Advanced Diploma in Management Accounting

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> E2	<input type="checkbox"/> F2	<input type="checkbox"/> P2	

CIMA Strategic Level

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> E3	<input type="checkbox"/> F3	<input type="checkbox"/> P3	

CIMA Master's Gateway

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
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ACCA REGISTRATION

Are you registered with ACCA

 Yes No

If Yes, ACCA Contact ID:

Qualification and subjects registering for? Please cross where applicable.

Foundation in Accountancy

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> FA1	<input type="checkbox"/> MA1	<input type="checkbox"/> FA2	<input type="checkbox"/> MA2

ACCA Diploma in Accounting and Business

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	

ACCA Advanced Diploma in Accounting and Business

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning
<input type="checkbox"/> F4	<input type="checkbox"/> F5	<input type="checkbox"/> F6
<input type="checkbox"/> F7	<input type="checkbox"/> F8	<input type="checkbox"/> F9

Professional Level

<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Distance Learning	
<input type="checkbox"/> P1	<input type="checkbox"/> P2	<input type="checkbox"/> P3	
<input type="checkbox"/> P4	<input type="checkbox"/> P5	<input type="checkbox"/> P6	<input type="checkbox"/> P7

CAMPUS CHOICE

<input type="checkbox"/> Johannesburg	<input type="checkbox"/> Sandton	<input type="checkbox"/> Durban	<input type="checkbox"/> Distance	<input type="checkbox"/> Pretoria
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INDEMNITY AND UNDERTAKING

(Applicants under the age of 18 years must be assisted by their parent or guardian)

LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

I hereby declare that all the information and records submitted as indicated above is true and correct to the best of my knowledge and belief.

Applicants Signature

Date

If applicant is under 18, they must be assisted by Parent or Guardian

Full name of Parent/Guardian:

Signature

Date

DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES

Title:		Surname:	
First name:			
ID No:			
Cell Number:			
Postal Address:			
City:		Province:	
Country:		Postal Code:	
Email Address:			

Application Fee and Payment

ALL APPLICANTS ARE REQUIRED TO PAY AN APPLICATION FEE OF R200.00 INTO THE FOLLOWING BANK ACCOUNT.

FNB Cheque Account

Account Number : 62411455422

Branch Code : 200607

Branch Name : 4 Merchant Place

Use your name and surname as reference