

Aan de Gragt Building, First Floor, 5 Plein Street, Stellenbosch, 7600 P.O. Box 149, Stellenbosch, 7599, South Africa Tel: +27 (0)21 883 9777 • Fax: +27 086 742 2060

Email: info@isacarstens.co.za

426 King's Highway, Lynnwood, Pretoria, 0081 Tel: +27 (0)12 348 0125/7 • Fax: +27 086 540 8289 Email: infopta@isacarstens.co.za

101 Stadium on Main, 99 Main Road, Claremont, Cape Town, 7708

Tel: +27 (0)21 671 0471 • Fax: +27 086 742 2060 Email: immclaremont@isacarstens.co.za

www.isacarstens.co.za

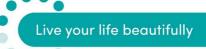
	*****	1.104041010110.00.24		
IMM GSM ADDITIONAL TUITION APP	PLICATION FOR	М		
Isa Carstens Academy asserts that it acts s students who voluntarily elect to receive su the IMM GSM.			Please include a picture	
Higher Certificate in Marketing			of yourself	
BBA Degree in Marketing Management				
BCOM Degree in Marketing and Management Science	ence			
Individual IMM GSM module		please list the mod	dule:	
(INDICATE WHICH CAMPUS)				
STELLENBOSCH PRETORIA	\	CAPE TOWN	ı	
Full time	Full time Par	t time	Full time Part time	
SECTION A				
SURNAME:	CHRISTIAN NAM	E(S):		
NAME BY WHICH YOU ARE KNOWN:				
DATE OF BIRTH:	MALE	FEMALE		
ONLY CHILD: YES / NO BROTHERS:	SISTERS:	HOME LANGUAGE:		
MARITAL STATUS: CHILD	REN: I.D.	NO:		
STREET ADDRESS:				
POSTAL ADDRESS:				
TEL. NR: (H) ( )(W) (	)	CELL:		
E-MAIL:				
SECTION B				
MATRICULATION YEAR COMPLETED / TO BE CO	MPLETED:			
NAME OF SCHOOL:	TEL	. NO		
ADDRESS OF SCHOOL:				

Isa Carstens Academy®(Pty) Ltd Registration Number: 1973/015469/07
Registered with the Department of Higher Education and Training as a Private Higher Education Institution
under the Higher Education Act, 1997. Registration Certificate Number: 2000/HE07/025
Qualification registered by SAQA: ID Number 83046 (NQF level 6)
Directors: I Carstens-Roos, JG Roos









SECTION C (INF	ORMATION REGARDING PARENT/GUARD	IAN)		
SURNAME & INIT	IAL/S		MR/MRS/DR/PROF:	
IDENTITY NUMBE	R:			
POSTAL ADDRESS	3:			
TEL. NO: (H) (	) (W) (	)	CELL:	
E-MAIL:				
OCCUPATION:			FAX.NO: ( )	
SECTION D				
WHO WILL BE RESPONSIBLE FOR PAYMENT OF YOUR COURSE FEES?				
SECTION E				
IN THE CASE OF PARENTS BEING DIVORCED OR SEPARATED, PLEASE SUPPLY THE FOLLOWING INFORMATION:				
<u>FATHER</u> FATHER REMARRI	ED: YES / NO		MOTHER MOTHER REMARRIED: YES / NO	
			MOTHER'S SURNAME:	
POSTAL ADDRESS	5:		PHYSICAL ADDRESS:	
TEL. NO: (H) (	)		TEL. NO: (H) ( )	
TEL. NO: (W) (	)		TEL. NO: (W) ( )	
CELL:			CELL:	
FAX: ( )		l	FAX: ( )	
I UNDERTAKE TO MAKE AN INITIAL PAYMENT IN RESPECT OF THE NON-REFUNDABLE REGISTRATION FEE AS INDICATED BELOW BEING PART OF THE FEES ON ACCEPTANCE AFTER THE INTERVIEW AND THE BALANCE ON REGISTRATION DAY.				
IMM GSM ADDITI	ONAL TUITION		R1 000-00	
I ACCEPT THAT FEES ARE NEITHER REFUNDABLE NOR TRANSFERABLE UPON CANCELLATION AT ANY STAGE AFTER SIGNATURE HEREOF AND SHALL BE RETAINED AS DAMAGES / PENALTY.				
NO VARIATION, MODIFICATION OR WAIVER OF ANY PROVISION HEREOF SHALL BE OF ANY FORCE AND EFFECT UNLESS REDUCED TO WRITING AND SIGNED BY BOTH PARTIES. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ACADEMY.				
SIGNED:	APPLICANT		GUARDIAN	
DATED AT		ON THE	DAY OF 2014.	
PLEASE RETURN COMPLETED FORM TO THE ACADEMY TOGETHER WITH:				
<ol> <li>2 x PASSPORT SIZE PHOTOGRAPHS (please also e-mail a photo – jpeg format)</li> <li>GRADE 11 OR LATEST GRADE 12 RESULTS</li> <li>NATIONAL SENIOR CERTIFICATE IF ALREADY MATRICULATED</li> <li>PHOTOSTAT OF IDENTITY DOCUMENT</li> </ol>				