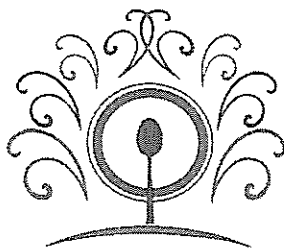


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## Limpopo Chefs Academy

### SPI – STUDENT PERSONAL INFORMATION FORM

STUDENT NAME	NGUAKO JACKINA M
STUDENT SURNAME	MOTUKU
STUDENT ID NUMBER	9603011083088
STUDENT CELLPHONE NUMBER	0711278114
STUDENT EMAIL ADDRESS	nguakomotuku@gmail.com
COURSE STUDYING	chef
<b>MEDICAL CONDITIONS</b>	
IF YOU HAVE ANY MEDICAL CONDITIONS THAT WE NEED TO KNOW OF PLEASE RECORD THEM BELOW. WE REQUIRE A COPY OF YOUR MEDICAL INSURANCE OR MEDICAL AID CARD FOR EMERGENCIES.	
N/A	
EMERGENCY TELEPHONE NUMBER (PLEASE SUPPLY 2 NUMBERS)	
066 2077 651 – Motlatjo Mabaila (sister)	
<b>PARENT/GUARDIAN DETAILS</b>	
NAME & SURNAME OF FATHER/GUARDIAN	Matthews Ralefeng Motuku
NAME & SURNAME OF MOTHER/GUARDIAN	Motlatjo Jacqueline Mabaila
TELEPHONE NUMBER FATHER/GUARDIAN	0721497182
TELEPHONE NUMBER MOTHER/GUARDIAN	0662077651
EMAIL ADDRESS FATHER/GUARDIAN	N/A
EMAIL ADDRESS MOTHER/GUARDIAN	N/A
HOME ADDRESS FATHER/GUARDIAN	N/A
HOME ADDRESS MOTHER/GUARDIAN	N/A



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