

SECTION A | PERSONAL DETAILS [PLEASE COMPLETE THIS APPLICATION FORM IN CAPITAL LETTERS]

TITLE
(MR/MRS/MISS/MS OR NONE)

--	--	--	--

DATE OF BIRTH

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

SURNAME/LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FULL NAME(S)

PREFERRED FIRST NAME(S)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORMER LAST NAME,
IF APPLICABLE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME LANGUAGE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IF YOU ARE A SOUTH AFRICAN CITIZEN, OR A PERMANENT RESIDENT IN SOUTH AFRICA, PLEASE PROVIDE THE FOLLOWING:

SOUTH AFRICAN ID NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

IF YOU ARE A SOUTH AFRICAN CITIZEN, OR A PERMANENT RESIDENT IN A COUNTRY OTHER THAN SOUTH AFRICA, PLEASE PROVIDE THE FOLLOWING DETAILS:

COUNTRY

CITIZENSHIP

PASSPORT NUMBER (WHERE APPLICABLE)

SECTION B | YOUR CONTACT DETAILS

HOME (STREET) ADDRESS

HOME (POSTAL) ADDRESS (IF DIFFERENT)

POSTAL/ZIP CODE

--	--	--	--	--	--	--	--

POSTAL/ZIP CODE

--	--	--	--	--	--	--	--

COUNTRY TEL. CODE

--	--	--	--

DIALING CODE

--	--	--	--

TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--

CELLPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION C | PARENT/GUARDIAN CONTACT DETAILS

TITLE

--	--	--	--

SURNAME OF PARENT/GUARDIAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FULL NAME(S) OF PARENT/GUARDIAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME (STREET) ADDRESS

COUNTRY TEL. CODE

--	--	--	--

CELLPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COUNTRY TEL. CODE

--	--	--	--

DIALING CODE

--	--	--	--

TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTAL/ZIP CODE

--	--	--	--	--	--	--	--

EMAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY/PASSPORT NUMBER OF PARENT/GUARDIAN

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

RELATIONSHIP TO YOU

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION D | FEE PAYER INFORMATION

TITLE SURNAME OF PARENT/GUARDIAN

FULL NAME(S) OF PARENT/GUARDIAN

HOME (STREET) ADDRESS COUNTRY TEL. CODE CELLPHONE NUMBER

COUNTRY TEL. CODE DIALING CODE TELEPHONE NUMBER

POSTAL/ZIP CODE

EMAIL ADDRESS

IDENTITY/PASSPORT NUMBER OF PARENT/GUARDIAN RELATIONSHIP TO YOU

SECTION E | 2017 SECONDARY SCHOOL - LEAVING EXAMINATION DETAILS

COMPLETE THIS SECTION IF YOU ARE WRITING A SCHOOL-LEAVING EXAMINATION IN 2017. SUPPLY ONLY DETAILS OF SECONDARY SCHOOLS LOCATED IN SOUTH AFRICA. IF YOU ATTEND SCHOOL OUTSIDE SOUTH AFRICA, OMIT SECONDARY SCHOOL DETAILS.

SCHOOL NAME SCHOOL SUBJECT TO BE WRITTEN THIS YEAR

SCHOOL ADDRESS

POSTAL/ZIP CODE

SECTION F | SECONDARY SCHOOL-LEAVING AND POST SCHOOL INFORMATION

COMPLETE THIS SECTION IF YOU HAVE ALREADY LEFT SCHOOL. SUPPLY ONLY DETAILS OF SECONDARY SCHOOLS LOCATED IN SOUTH AFRICA. IF YOU ATTEND SCHOOL OUTSIDE SOUTH AFRICA, OMIT SECONDARY SCHOOL DETAILS. PLEASE ENDORSE CERTIFIED COPIES OF YOUR CERTIFICATES.

LAST SCHOOL ATTENDED

SCHOOL ADDRESS

POSTAL/ZIP CODE

DETAILS OF ACTIVITIES SINCE LEAVING SCHOOL OTHER THAN TERTIARY EDUCATION. IF YOU HAVE LEFT SCHOOL AND ARE NOT AT A TERTIARY INSTITUTION, YOU MUST COMPLETE THIS SECTION.

YEAR	ACTIVITY	YEAR	ACTIVITY
Y	Y	Y	Y
Y	Y	Y	Y

TERTIARY EDUCATION DETAILS: IF YOU HAVE ATTEMPTED ANY TERTIARY EDUCATION OR ARE CURRENTLY REGISTERED AT A TERTIARY INSTITUTION, YOU MUST COMPLETE THIS SECTION. PLEASE ENDORSE ORIGINAL TRANSCRIPTS OR CERTIFIED COPIES OF YOUR CERTIFICATES OR RESULTS.

TERTIARY INSTITUTION	YEAR OF REGISTRATION	DEGREE/DIPLOMA FOR WHICH REGISTERED	QUALIFICATION COMPLETED
	Y	Y	Y
	Y	Y	Y
	Y	Y	Y
	Y	Y	Y