



**APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS**

Title	Mr.	MS	Mrs.															
Surname																		
First Name																		
National ID No.																		
Relationship																		
Occupation																		
Work Tell																		
Cell No.																		
Residential Address																		

**5. SCHOOL DETAILS**

<i>Name of School</i>																	
<i>Highest Grade Passed</i>		<i>Year</i>															
<i>Subjects</i>														<i>Symbols</i>			

**6. TERTIARY EDUCATION**

<i>Name of Institution</i>	<i>Year</i>	<i>Qualification Obtained</i>

**7. TUTION PAYEE DETAILS**

<i>Information</i>	
Name of Person / Institution Responsible for Payment:	
Relationship to Applicant:	
Residential Address:	
Postal Address:	
Employer:	
Position:	
Town:	
Email:	
Telephone Number:	

**Cell:**

Account Name: Allis Training Centre  
 Bank Name: First National Bank  
 Account No: 64286417603  
 Account type: Gold Business  
 Branch Name: Windhoek

## 8. CHECK LIST

To ensure your application is complete, please tick the checklist below.

ITEMS	TICK
Certified copies of ID/Passport/ (Birth Certificate if the applicant has not yet received an ID)	
One recent passport photo	
Certified copies of all your academic certificate(s) /results.	
Application fee	
Original official translation of the foreign qualification – if in a foreign language other than English	
NQA Evaluation letter (for International Qualification)	
School Results	

## 9. DECLARATION TO BE SIGNED BY THE PROSPECTIVE STUDENT

I \_\_\_\_\_ hereby agree to abide by the refund policy of this Institution, and any amendments thereto, as spelt out clearly in the refund policy (Annexure A). I/we also understand that this enrolment contract is accepted on the clear understanding that it cannot be cancelled upon commencement of a course.

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ month of the year 20\_\_\_\_\_

### FOR OFFICIAL USE ONLY

APPLICATION FEE RECEIVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

OFFICIAL DATE  
STAMP