

Physical Address: 26 Victoria Link Road, Route21 Corporate Park, Nellmapius Drive, Irene, 0157 Postal Address: PO Box 40510, Arcadia, 0007 Tel: +27 (0)12 345 6360 Fax: +27 (0)12 345 6369

E-mail: registration@savc.org.za Website: www.savc.org.za

APPLICATION TO REGISTER (or MAINTAIN) AS STUDENT: 2016

Please submit this form by surface mail also – a faxed or scanned copy alone is not accepted

NOTE: This form must be accompanied by proof of payment of the requisite fee and must be endorsed by the Authorities of the Academic institution at which you are enrolled.

| 1. | SURNAME: | |
|---|--|----------------|
| 2. | FIRST NAMES: | |
| 3. | ID NUMBER: | |
| 4. | CONTACT NUMBERS: | |
| 5. | E-MAIL ADDRESS: | |
| 6. | POSTAL ADDRESS: | |
| | | Code |
| 7. | DEGREE, DIPLOMA, or CERTIFICATE COURSE: | |
| 8. | ACADEMIC INSTITUTION: | |
| 9. | ACADEMIC YEAR OF STUDY: | |
| 10. | REGISTRATION/MAINTENANCE FEE 2016: R130.00 | |
| | ishonesty in completion of this form will be considered a serious offence | |
| 2. C e | ertified copy of Matriculation or Exemption certificate. | |
| For Direct Bank: AB Acc No. (Branch C Please q | ne fee. (Cheque/ Direct Payment) i Payments: SA, Hatfield Branch 20 166 762 ode: 335-545 uote reference number at time of making a direct payment: | |
| | E COMPLETED BY THE ACADEMIC INSTITUTION ied that the abovementioned student is registered for the course as indicated | |
| <u></u> | nture Date | Official Stamp |