

REGISTRATION FORM

Section 1

CANDIDATE'S PARTICULARS

Dr/Mr/Mrs/Miss

Sex	M	F	DOB	D	M	Y	ID Number
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Postal Address

Email Address

Cell Number(s)

Tel: Business Fax Home

Present Employer Position

Address

Section 2

SPONSOR/GUARDIAN/NEXT OF KIN

Dr/Mr/Mrs/Miss

ID #	ID Number
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Relationship

Postal Address

Email Address

Cell Number(s)

Tel: Business Fax Home

Present Employer Position

Address

Section 3

Programme applied for

Program Duration

How did you get to know about us?

Radio	Social Media	Friend	Other
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If other, kindly explain

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Section 4

Payment of fees

1. The registration and deposit fee is paid upon returning the form.
2. Fees instalments are payable on or before the 1st day of each month. NB. Non-payment of fees by the 5th may result in the student missing classes.
3. All payments are made through the bank and only proof of deposit is brought to the office in exchange for a receipt.
4. Fees are subject to increase without notice and students who pay in advance will be required to top up their payments in the event of fess increase.
5. No student will allowed to sit for examinations without first settling their tuition fees.
6. Exam fees are payable 3 months before the examination.
7. Cancellations / postponement notices received in 21-30 days before commencement of the course will be subject to a cancellation fee of 10%. If received 14-21 days before commencement of course, 50 of the fees will be payable. Otherwise full fees are payable. i.e. There are no refunds.
8. Interest on all overdue accounts will be levied at the rates ruling at the time.

Student Signature Date.....

Please Note That

1. This form will not be accepted if any section has not been filled in.
2. Prospective students are requested to submit this form together with certified copies of ID, academic certificates, Guardian/sponsor/next of kin ID, 2 passport size photos and proof of payment.

Banking details:

Account name: IRDM Consultancy

Bank: Standard Bank

Account #: 9110003177451

Branch Code: 663164 (Mbabane)

Declaration by next of sponsor/Guardian/Next of Kin

I will be liable to IRDM in the event that fails to pay his/her fees. **I have read and understood this form.**

Signature Date