

ISHAGO MINING SKILLS & OPERATOR TRAINING (PTY) LTD

Its Your Choice that Makes a difference

Reg.No: 2016/000044/07

Enrolment Form

Section A: Student applicant details

TITLE	Mr	MR	s I	Miss	P	ROF	D)r			
SURNAME											
FIRST NAME											
ID NUMBER											
DATE OF BIRTH	Y	Ý	Y	\mathbb{M}	M	D	D				
Gender	MALE FEMALE HOME LANGUAGE						GE				
MARITAL STATUS	Sir	IGLE		Mar	Divo	DRCED WIDOW/EI			OW/ER		
Maiden Name											
SOUTH AFRICAN CI	TIZEN	1	NO ID OF			r Passport			/ES	No	
RACE*	BL		Indian			COLOURED			WHITE		

NEXT OF KIN

Surname									
First Name					Relat	TIONS	HIP		
TELEPHONE									
FOREIGN STUDENTS									
PASSPORT NO.									
DATE ARRIVED IN SA	4 Y	Y	Y	Y	M	D	D		
NATIONALITY	Domicile								

I hereby declare that I have received, read and understood the Ishago Mining Skills & Operator Training terms and conditions, relevant program information, and the schedule of applicable tuition fees which shall apply mutatis mutandis to me in my full capacity.

STUDENT APPLICANT SIGNATURE

Bethlehem Street Rustenburg Town	
Tell: 014 5942 376, 071 1101 491	
E-mail: ishagominingskills@gmail.co	m
E-mail: info@ishagominingskills.co	m

CONTACT DETAILS (In South Africa)

Home Telephone					
Work Telephone					
Cellphone					
Fax Number					
Email Address					

RESIDENTIAL ADDRESS

Address					
Address					
Suburb					
City/Town	CODE				
PROVINCE, COUNTRY					
POSTAL ADD	RESS				
Address					
Suburb					
CITY/TOWN	CODE				
PROVINCE, COUNTRY					
PREFERRED METHOD	OF PAYMENT				
ONCE OFF	TWO THREE MONTHLY				
ARRANGMENT	DATE OF PAYMENT FOR EVERY MONTH.				
HOW DID YOU FIND OUT WORD OF MOUTH PAMPHLET					

SIGN POST

ABOUT US?

INTERNET

*SA Citizens and Permanent Residents: Please complete, required by Dept of Education for statistical purposes.