



DENOSA PROFESSIONAL INSTITUTE

TRANSFORMING NURSING EDUCATION

REGISTRATION FORM 2010

STUDENT NUMBER:											COURSE NAME:					
SURNAME, INITIALS, TITLE																
FIRST NAMES:																
MAIDEN NAME OR PREVIOUS SURNAME																
DATE OF BIRTH																
ID. OR PASSPORT NUMBER:																
ANY PHYSICAL DISABILITIES?	YES	NO	IF YES EXPLAIN BRIEFLY:													
TELEPHONE NUMBERS (DIALLING CODE) EG: (012)																
POSTAL ADDRESS	SHOULD YOUR NAME BE GIVEN TO FELLOW STUDENTS FOR ACADEMIC PURPOSES?									YES	NO					
	POSTAL ADDRESS AND POSTAL CODE: FILL IN BELOW						PHYSICAL ADDRESS: FILL IN BELOW									
HIGHEST STANDARD PASSED:																
TERTIARY EDUCATION: INSTITUTION, YEAR, QUALIFICATIONS OBTAINED																
ARE YOU A MEMBER OF DENOSA? (This will not in any way influence admission)									YES	NO						
IF YES, INDICATE MEMBERSHIP NUMBER:																

To be completed by first time students:

HIGHEST SCHOOL QUALIFICATION: (STD/GRADE 12)				NAME OF SCHOOL:			
INDICATE YOUR MATRICULATION STATUS WITH X		FULL EXEMPTION		CONDITIONAL EXEMPTION		SENIOR CERTIFICATE	
WHEN AND UNDER WHICH EDUCATION DEPARTMENT DID YOU WRITE GRADE 12:				Y	E	A	R
				PROVINCE:			
INDICATE BELOW ALL SUBJECTS YOU WROTE IN GRADE 12 WITH GRADE AND SYMBOL OBTAINED (e.g. ENGLISH- HG- D)							
IN WHICH FORMAT WOULD YOU LIKE TO RECEIVE YOUR REGISTRATION MATERIALS, CALENDARS, NOTICES, etc? MARK WITH (X)							
POST	E-MAIL	CD	PRINTED COPY	FLYERS	SMS	TELEPHONE	
DO YOU REQUIRE A LIBRARY ACCESS CARD? ONLY YES IF YOU ARE NOT YET IN POSSESSION OF ONE					YES	NO	
METHODS OF PAYMENT							
ALL PAYMENTS TO DENOSA PROFESSIONAL INSTITUTE. BANK: FNB. ACC NO. 62243117050 BRANCH NAME: CHURCH SQUARE			MASTER CARD	VISA	CREDIT CARD		
CASH		CHEQUE		CREDIT CARD	DEBIT CARD	E.F.T	
R		R		R	R	R	
CREDIT CARD							
EXP. DATE	M	M	Y	Y	Y	Y	IF PAYMENT IS ON BUDGET MARK WITH X
CARD HOLDER ID				SURNAME & INITIAL			
CARD HOLDER SIGNATURE:							
<p>FOR DEBIT: I hereby authorize you to draw against my account with the above-mentioned bank (or any other bank to which I may transfer my account) the sum of R..... (The amount in words)..... Being the amount necessary for payment of the monthly subscription due to DENOSA. Deduction is to take place on the day of each and every month commencing on..... Should the relevant amount be adjusted by the organization as a result of general increase in fees, I confirm that the adjusted fees may be deducted from my bank account. This authorization remains in place until such time as I cancel it in writing or until I substitute it with a new authorization. I understand that the withdrawals hereby will be processed by computer through a system known as ACB Magnetic Tape Service and also I understand the details of each withdrawal will be printed on my bank statement or an accompanying voucher. I agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me giving thirty (30) days' notice in writing, sent by prepaid registered post but I understand that I shall not be entitled to any refund or amounts that may be withdrawn while this authority was in force, if such amounts are legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank.</p> <p>ASSIGNMENT: I ACKNOWLEDGE THAT THE PARTY HEREBY AUTHORISED TO EFFECT THE DRAWINGS AGAINST MY ACCOUNT MAY NOT CEDE OR ASSIGN ANY OF ITS RIGHTS TO ANY THIRD PARTY WITHOUT MY PRIOR WRITTEN CONSENT.</p> <p>SIGNED ON THIS DAY..... OF 20</p> <p>SIGNATURE..... DATE..... : ASSISTED BY (WHERE LEGALLY NECESSARY).....</p> <p>NOTE: A CANCELLED CHEQUE SHOULD BE ATTACHED FOR BANK IDENTIFICATION PURPOSES (CURRENT CHEQUE ACCOUNTS ONLY)</p>							

DECLARATION: I HEREBY DECLARE THAT THE INFORMATION SUPPLIED IN THIS REGISTRATION FORM IS TRUE AND CORRECT.

SURNAME.....

DATE.....

SIGNATURE.....

DATE.....

FOR OFFICE USE ONLY:

DENOSA PROVINCIAL CONTACT DETAILS

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