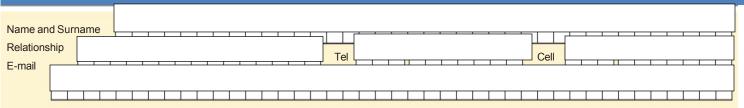
				R	EGISTR	RATION FORI	M					
		ALE	RTS	PRC	FES	SIONA	L SER\	/ICES				
				(In	vesting	g in Learnin	ng)					
		AT-S	A Trai	ning P	rovide	r Number:	ATA0055	/0521				
					accounting technicians							
PLEAS	SE PRINT IN BLACH	K INK										
	nent for a Qualifica											
(List of	f qualifications to cho	pose from):	Contract of	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -							
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1	Existing APS Studer	11 Number					2 Qualific	ation code (e.g., 7	3710)			
3	Surname, Initials, 71	e (e.g. Mu	sika	(M					
4	First Names				a de marca							
5	Maiden name and/o	r previous										
6	Date of birth	Y	ear	Month	Day	7 Gender (N	Mark with an 🗸)	Male Female				
8	Identity number of P	assport nu	mber									
9	Physical disabilities		(i) None	;	(ii) Othe	r (specify)						
10	Contact details (Dialing code and nu	umber	Tel (h) Tel (w) Cellpho Fax	((ne (
	E-mail address:		1000									
11	Home Language											
12A	Postal Address and F	Postal Code)			12B Physical a	address and Po	stal Code				
			stal code					Postal c				
13	Please indicate the r	node in wł	nich you v	would like	e to recei	ve your study M	aterial (Mark w	rith Post	C	Courier		

INFORMATION GIVEN IN QUESTION 14 - 18 IS USED FOR STATISTICAL PURPOSES ONLY

14	Nationality	15 F	Population Group
16	Occupation		
17	Economic sector (e.g., E Education)	nking,	

		F	REGISTRATION F	ORM			
18 Give particulars of all previous registrations at APS and/or another educational institution, starting with the most registration							
	Institution(s) Degree(s)/diploma (e.g., APS, UJ, Wits) (e.g., BA, BA HONS		Year(s) (e.g., 2017- 019)	Student number(s)	If completed, state year(s)		
	Questions 19 to 22 must b	e answered					
19	Highest school Qualification (e.g., Grade 10/Grade 12)		e 12 nination per, if available				
20	20 Indicate the module for which you wish to register For office use only Module code Semester/Intak e Year						
	Please Note: All modules are	e offered in English only					
21	Please include the following of yourapplication form ull r A. A certified copy of your lot B.A certified copy of your lot Please note the following: And upon receiving all requi take approximately 6-10 we Once a student number has this communication will be r • You will then be required number as reference num	esult in your applicat entity Document/Pass ghest qualification (for ed documents, you w king days. been allocated, confir e banking details. to pay the registration	ion not being process port (copy of driver's li eign qualifications mus ill be temporarily regist mation of your tempor	sed. cense is not acceptable) st be evaluated by SAQA tered and issued you with ary registration will be ser	a student number; this will nt to you e-mail. Included in		
	 Proof of payment should Material will be dispatche Completed registration for 	e sent to us by emai					
22	DECLARATION AND UNDE	RTAKING – I declare	that all the particulars f	urnished by me on this form	n (including any attachments)		
	are true and correct, and I understand that any false in Surname:				nd any amendments thereto. I		
	First Names:						
	Date: signature:				Learner's		

REGISTRATION FORM



Sponsor Details

Company/School Name								
Designation/Grade								
Department								
Tel								
		International dialling code			Years' work experience			
Municipality					reals work experience			
APPLICATION FORM								

Please ensure that you read, sign and return the Terms and Conditions. Signing this form indicates that you have read, understood, and agreed to the Terms and Conditions.

١,

APS and accept full liability for the payment for the course.

Signature (applicant)

Date

