

SOUTH AFRICAN LAW SCHOOL

CERTIFICATE COURSE IN CONVEYANCING (Application Form)

2008

Full-time

- | | | |
|-----------|---|---------------|
| 1. | Payment in full upon registration | R7 000 |
| 2. | Payment Plan Option - | R8 400 |
| | Registration fee | R3 000 |
| | Monthly Installments –R900 per month over 6 month period | |
| | Including all Course material. | |

Part-time

(Evening) Tuesday and Thursday / Saturday Mornings

- | | | |
|-----------|---|---------------|
| 1. | Payment in full upon registration | R7 000 |
| 2. | Payment Plan Option- | R8 400 |
| | Registration fee | R3 000 |
| | Monthly Installments- R900 per month over 6 month period | |
| | Including all Course material. | |

* Please indicate your payment option

* Please also complete the Student Agreement

* When paying in Installments please note account must be settled before results issued and a student can graduate.

STUDENT INFORMATION

SURNAME:

FIRST NAMES:

DATE OF BIRTH:

IDENTITY NO:

HOME LANGUAGES:

OTHER LANGUAGES:

MARITAL STATUS:

MALE / FEMALE:

HOME ADDRESS:

POSTAL ADDRESS:

POSTAL CODE:

HOME TEL:

WORK TEL:

MOBILE:

FAX:

EMAIL ADDRESS:

SCHOOL/EDUCATION HISTORY

**LAST SCHOOL ATTENDED:
ADDRESS:**

**HIGHEST GRADE PASSED:
DATE COMPLETED:**

POST –SECONDARY SCHOOL EDUCATION:

**INSTITUTION/COLLEGE:
ADDRESS:**

COURSE:

DATE COMPLETED:

EMPLOYMENT:

CURRENT EMPLOYER:

ADDRESS:

POSITION:

DATE JOINED:

TEL NO:

OTHER INFORMATION

**IN CASE OF EMERGENCY
THE SCHOOL SHOULD**

CONTACT:

NAME :

TEL-NUMBER:

ADDRESS:

MOBILE:

RELATIONSHIP: _____

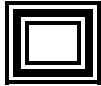
SIGNED

NAME AND SURNAME

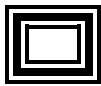
DATE

**CERTIFICATE COURSE IN CONVEYANCING
CHECKLIST**

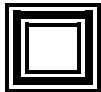
1. **Application form**



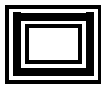
2. **Copy of Identity Document**



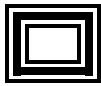
3. **Agreement in respect of Course Fees**



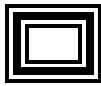
4. **(2)Passport/Identity Photo's**



5. **Copy of Deposit/Registration Fees receipt**



6. **Copy of Highest Schooling Certificate**



Applicant

Date

Payment Information

1. **Name of the person responsible for your student fee account**

2. **Their residential address:**

3. **Their employment address:**

4. **Source of funds for payment**

Salary –

Other –

If other indicate:-----

Student Signature: -----

Signature of person named above: -----