130 Strand Street, Cape Town, 8000, PO Box 19, Cape Town, 8001
Tel: (021) 417 6700 Fax: 021 417 6697/8 0861 222 220
E-mail: examregistrations@icg.edu.za

STUDENT REGISTRATION

PLEASE ANSWER ALL QUESTIONS AND POST / FAX BACK TO THE ICG

Please tick √the appropriate blocks

SECTION 1: PERSONAL DETAILS

IAC Student Number: ☐☐☐☐☐☐ **Date:** ______________________________

Title: Mr ☐ Mrs ☐ Ms ☐

SURNAME								FIRST NAME(S)											

Date of birth: ☐ ☐ 19

We need the following information for Statistical reasons: GENDER: MALE ☐ FEMALE ☐

RACE: ASIAN ☐ BLACK ☐ COLOURED ☐ WHITE ☐

SECTION 2: CONTACT INFORMATION:

Phone: (Work) Code.........................-... (Fax) Code.........................-...

Cell: .... E-mail: ....

Emergency contact number: ....-...

Postal Address: ....

.... Postal code: ....

SECTION 3: EMPLOYMENT DETAILS

Are you currently employed YES ☐ NO ☐ If "YES", complete the following:

Name of employer .... Your job title..

Immediate superior: Name... Job title ....

Address of employer...

....Area Code: ....

SECTION 4: ARE YOU RECEIVING TUITION THROUGH A COLLEGE? YES ☐ NO ☐

If "**YES"**, complete the following:

Name of Tuition Provider /College...

Branch .... Your student number at your Tuition Centre/College ....

Study method: Full time ☐ Part time ☐ Distance Learning (Correspondence) ☐

SECTION 5: PAYMENT DETAILS

IAC Banks with: First National Bank
Branch: Cape Town
Account Name: International Colleges Group (PTY) LTD/IAC
Account Number: 62097994018
Branch code: 204109