



LONDON SCHOOL OF BUSINESS SA REGISTRATION FORM 2017

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Office use: Consultant	Approved	Date	Student No
SURNAME	FIRST NAMES	TITLE	
ID/PASSPORT	NATIONALITY	BIRTH DATE	
COURSE/S			
STARTING DATE	Tick <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> FLEXI-STUDY <input type="checkbox"/> ONLINE <input type="checkbox"/>		
PREVIOUS COURSES	INSTITUTIONS	YEAR	MAIN SUBJECTS
ADDRESS			
Tel	Cell	Email	
Person Responsible for Fees			
Tel	Cell	Email	
WORK EXPERIENCE			
Years	Organisation	Position	Main Duties
PURPOSE Reasons you wish to study the above course, and how the course could help you with your career.			
ABILITIES Your main abilities, skills and interests and why you believe you are able to complete the course,			
NUMERICAL ABILITIES What level of Maths, Accounting or similar course have you passed?			
TUITION FEES: R_____ Payments: R_____per month x_____months			
Fees Include Study Material, Exclude Textbooks, External Registration and Exam Fees. Fees are not refundable			
BANK: Nedbank; Account: 1950535665; Branch: 195005 Braamfontein			
Account: London School / Maison; Ref: Your Name; Swift: NEDSZAJJ			
SIGNED in agreement to this as a Contract of Registration and to the Rules of London School which are read and understood, including Payment of Fees as above, Good Conduct, Honesty, Confidentiality and Copyright			
SIGNATURE: STUDENT	PERSON RESPONSIBLE FOR FEES	DATE	/ / 2017