



LONDON SCHOOL OF BUSINESS SA REGISTRATION FORM

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Office use: Consultant		Date	Student No
SURNAME		FIRST NAMES	TITLE
ID/PASSPORT		NATIONALITY	BIRTH DATE
COURSE		Tick ✓ LEVEL 4 ___ 5 ___ 6 ___ 7 ___	
COURSE UNIT/S			
ADDRESS			
Tel	Cell	Email	
Person Responsible for Fees			
Tel	Cell	Email	
EDUCATION			
Years	Institution	Qualification	Main Subjects
EXPERIENCE			
Years	Organisation	Position	Main Duties
REASONS you wish to study the above course			
ABILITIES , skills and interests relevant to the course			
NUMBER ABILITIES: What level of maths or similar have you passed?			
FEES: Due from Registration R3,000 per month x ___ months = Total R _____			
Including Study Material, Excluding Textbooks. Fees are not refundable			
BANK DETAILS: Nedbank; Account: 1950535665; Branch: 195005 Braamfontein Account: London School / Maison; Ref: Your Name; International Swift: NEDSZAJJ			
SIGNED in agreement to this Registration contract and the rules of London School, taken as read and understood, including Payment of Fees above, Good Conduct, Honesty, Confidentiality and Copyright			
SIGNATURE: STUDENT		PERSON RESPONSIBLE FOR FEES	DATE / /