



LONDON SCHOOL OF BUSINESS SA REGISTRATION FORM

Office use: Consultant		Date	Student No
SURNAME		FIRST NAMES	TITLE
ID/PASSPORT		NATIONALITY	BIRTH DATE
COURSE			
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 R3,000 per month x _____ months = Total R_____ Including Online Learning 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 Contract of Registration and the Rules of London School, read and understood, including Payment of Fees as above, Good Conduct, Honesty, Confidentiality and Copyright			
SIGNATURE: STUDENT		PERSON RESPONSIBLE FOR FEES	DATE / /