

APPLICATION FOR REGISTRATION STUDENT RADIOGRAPHER

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail or courier for ease of tracking mail. 553 Madiba Street, Arcadia, Pretoria 0083

| A. PERSONAL PARTICULARS |
|---|
| I (Mr. Mrc. Micc.) |
| Maiden name (if applicable): |
| First names: Identity No : |
| Postal address: |
| Postal code: |
| Residential address: |
| Postal code: |
| Tel (H): |
| Cell: Fax: |
| Email: |
| |
| *Marital Status: Married Single Divorced Gender M F |
| * Race: African Asian Coloured Indian White Country of Origin: |
| hereby apply to register as a student in |
| (<u>kindly indicate profession</u>) |
| |
| |
| SIGNATURE: Date: 20 |
| SIGNATURE: |
| B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION: |
| A copy of my identity document or birth certificate. |
| 2. A copy of my marriage certificate (should you wish to be register in your married surname). |
| Registration fee: R319.00 applicable for the period 1 April 2024 to 31 March 2025. Banking details as on the website (Identity number as deposit reference) Please attach proof of payment. |
| 4. Penalty fees, per month or part thereof, for the late submission of an application for registration R143.00 |
| |
| 5. Section C duly completed. |
| ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED |
| C. TO BE COMPLETED BY THE TRAINING INSTIITUTION |
| |
| Name of training institution |
| Date of enrollment (day) |
| ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION |
| |
| SIGNATURE: REGISTRAR ACADEIC/HEAD OF DEPARMENT DATE |
| * Please complete for statistical purposes. |
| NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties. |