

Short Learning Programme



Nelson Mandela
Metropolitan
University

for tomorrow

Unit for Continuing Education

APPLICATION FORM

Delegate Information

Name of short course		
Mr / Miss / Mrs		
Surname		
First Names		
Student number, if appl.		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Race for Statistical Reporting		
ID or Passport number		
Postal Address		
Tel no:		Cell no:
E-mail address		

Note: Irrespective of who is sponsoring you, ultimately you remain responsible for settlement.

Signature

Date

IF COMPANY IS LIABLE FOR PAYMENT

Company Details

Company Name		
Company Address		
VAT Reg no. or Purchase Order		
Contact Person in Finance Department		
Tel no:		Fax no:
E-mail address		

In order for the application to be considered please include:

Proof of payment | Purchase Order | Company official letter confirming payment AND Copy of ID.

Attachments:

Copy of ID
Proof of payment
Company letter (i.a)

Bank Details:

NMMU Standard Bank
Acc. No.: 080263011
Branch: 050417
Quote reference & surname

2017 Course Fees:

Please complete and fax or email all required documents to Ms Nicole Domingo at:

Fax no: 041 504 9531 or email: Nicole.Domingo@nmmu.ac.za