

INTERNATIONAL TRAINING COLLEGE LINGUA

Towards Educational Excellence

REG: CC/2002/2793

Centre N° 833006



Passport
Photo

(COMPULSORY)

APPLICATION FORM

TAKE NOTE ALL INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED AND THE APPLICANT'S ADMISSION TO ACADEMIC PROGRAMME COULD BE DELAYED.

Academic Year Applied For:

SECTION 1: PROPOSED COURSE OF STUDY

Course you wish to Enroll	Part-Time	Full-Time	Distance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

1. Certified Copies of the last school report and other relevant educational documents
2. Certified Copies of ID/Birth Certificate
3. 2 Passport Photos
4. Curriculum Vitae

FOR OFFICE USE ONLY

Amount Paid	<input type="text"/>
Receipt Number	<input type="text"/>
Copy of ID/Passport	<input type="text"/>
Passport Photo	<input type="text"/>

STUDENT NUMBER:

BANKING DETAILS

PLEASE ATTACH THE ORIGINAL DEPOSIT SLIP TO YOUR APPLICATION FORM

• BANK:	FIRST NATIONAL BANK (FNB)
• BRANCH:	SME BUSINESS UNIT
• BRANCH CODE:	280172
• ACCOUNT NAME:	LINGUA CONSULTANCY SERVICES
• ACCOUNT NUMBER:	62034752320
• REFERENCE:	APPLICANT'S FULL NAME

SECTION 2: PERONAL DETAILS

Title: e.g. Mr., Ms.		ID Number																	
First Names:													Initials						
Surname:																			
Date Of Birth:	DD/MM/YYYY				/			/											
Gender:	Male		Female																
Place Of Birth:																			
Nationality:	Namibian				Other (Specify)														

SECTION 3: CONTACT DETAILS

Residential Address:			Postal Address: Foreign students: Please include Residential Address in Home Country		
Telephone Number: foreign students: please include contact numbers in home country					
Tel:	(H)				
	(W)				
Cell No:					
Fax No:					
Email Address:					

SECTION 4: EDUCATIONAL HISTORY

Highest Qualification Obtained:	
Year Obtained	
Institution	

SECTION 5: FINANCIAL STATEMENT: DETAILS OF PERSON RESPONSIBLE FOR PAYMENTS

Full Names:		
Relationship to applicant:		
Profession:		
Postal Address:		
Residential Address:		
Name of Employer:		
Work Address:		
Position:		
Town:		
Telephone Number:		
Email Address:	Home:	
	Work:	
	Cell:	

SECTION 6 : TERMS & CONDITIONS

1. All fees are payable in cash every end of the month (a month in advance).
2. Fees are payable during the absence of the student due to illness or vacation/holiday. I.e. no refunds or discount will be made for absences of the students.
3. On failing to comply with the stipulation of this agreement, the account will be handed over to the lawyer or debt collection agency and the student's parent/guardian will pay all legal and other cost that may arise from this action.
4. Students who will cancel their studies after the cancellation due date will be liable with their whole year fees.

SECTION 7 : DECLARATIONS

(FILL IN EITHER 1 OR 2 BELOW, BUT NOT BOTH)

1. Declaration by student if older than 21 years of age.

I _____ (Full name of the applicant/student) **hereby declare that I fully understand and accept the conditions as set by International Training College: Lingua Consultancy Services. Furthermore, I do understand that no refunds will be done once registration has been made (registration fees is non refundable) and that I will be fully liable for all fees.**

I therefore undertake personally to the College to fulfill all the financial obligations to International Training College Lingua.

I also declare not to have any claim against International Training College: Lingua Consultancy Services or any Lecturer/ Trainer in case of loss of life, property and /or injury sustained.

SIGNED THIS _____ DAY OF _____ 20__ AT _____

SIGNATURE _____
SIGNATURE APPLICANT

2. Declaration by Parent/Guardian if applicant is younger than 21 years of age.

I _____ (FULL NAME OF the parent/legal guardian of the applicant/student) **hereby declare that I fully understand and accept the conditions as set by International Training College: Lingua Consultancy Services. Furthermore, I do understand that no refunds will be done once registration has been made (registration fees is nonrefundable) and that I will be fully liable for all fees.**

I the undersigned (the parent/legal guardian of the Applicant) do hereby assist the Applicant as far as may be necessary in the contracting with International Training College Lingua/ on the terms above stated, and I undertake personally to the College to fulfill all the financial obligations of the Applicant to International Training College Lingua in respect of the period while the applicant is still under the age of twenty one (21) years.

I also declare not to have any claim against International Training College: Lingua Consultancy Services or any Lecturer/ Trainer in case of loss of life, property and /or injury sustained.

SIGNED THIS _____ DAY OF _____ 20__ AT _____

SIGNATURE _____
SIGNATURE APPLICANT **IF MINOR SIGNATURE OF PERENT/GUARDIAN**
(If applicant is under 21 years of age or a legal minor)