



AITF

**Africa International
Training Facilities
2008/006198/07**

REGISTRATION FORM

STUDENT

SURNAME:

NAME:

IDENTITY NUMBER:

CONTACT NUMBERS: CELL

HOME

WORK

PHYSICAL ADDRESS:

POSTAL ADDRESS:

HIGHEST ACADEMIC QUALIFICATION:

NAME OF COURSE:

RELEVANT EXPERIENCE:

COURSE STARTING DATE:

(PLEASE REFER TO COURSE CYCLES
ATTACHED HERETO)

RELEVANT MEDICAL HISTORY:

RELATIVE OR FRIEND:

NAME

CELL

HOME TEL

PLEASE FAX REGISTRATION FORM TO 086 665 5558