

OFFICE USE ONLY

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Please read the following instructions before completing the form

1. To avoid a delay in processing, all sections must be completed in full.
2. Complete the form clearly in CAPITAL LETTERS using ink or a ballpoint pen.
3. Return the signed form with Student ID and proof of payment to: sam@uca.co.za
4. Please find below banking details for EFT payment

SECTION A STUDENT DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>																						
Initials	<input type="text"/>	First Name(s)	<input type="text"/>																						
SA ID Number	<input type="text"/>														Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Gender/Race	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Black <input type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Other <input type="checkbox"/>																		
Physical Challenges	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Please specify	<input type="text"/>																					
Home Language	<input type="text"/>														South African Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Physical Address	<input type="text"/>																								
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SECTION B ACCOUNT PAYERS DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>																		Initials	<input type="text"/>				
SA ID Number	<input type="text"/>																									
Employer	<input type="text"/>																									
Mobile Number	Int. Code +	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>																				
Work Number	Int. Code +	<input type="text"/>	Area Code	<input type="text"/>	Number	<input type="text"/>																				
Physical Address	<input type="text"/>																									
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SECTION D PREVIOUS EXPERIENCE

Scholar	<input type="checkbox"/>	Professional	<input type="checkbox"/>																				
High School Name	<input type="text"/>																		Grade	<input type="text"/>			
Employer	<input type="text"/>																						

SECTION F PAYMENT OPTIONS

	Option 1	Option 2	
			Payable in full on registration R 6,500.00
			Payment Plan (2 Payments of R 3,250.00) R 6,500.00
		Payment Plan Agreement	1 st Payment on Registration (R 3,250.00)
			2 nd Payment no later than 31 July 2019 (R 3,250.00)
			TOTAL: R 6,500.00

BANKING DETAILS FOR THE ANIMATION SCHOOL – CAPE TOWN CAMPUS

Account Holder: The Animation School (PTY) Ltd. - **Bank:** Nedbank - **Branch:** Business Banking Southern Peninsula
Branch Code: 123209 - **Account Number:** 1232090042 - **Payment Reference:** PT Maya Student Name & Surname

I, (full names account payer) _____ hereby grant permission for the declaration and undertaking made by the student, and I accept joint and several liabilities as co-principal debtor with the applicant for the payment of all fees due by him/her to The Animation School. I accept that the Introduction to Autodesk Maya course is a non-accredited and won't lead to any formal qualification.

Signature Account Payer _____ Date

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I, (full names student) _____ hereby grant permission for the declaration and undertaking made by the student, and I accept joint and several liabilities as co-principal debtor with the applicant for the payment of all fees due by him/her to The Animation School. I accept that the Introduction to Autodesk Maya course is a non-accredited and won't lead to any formal qualification.

Signature Student _____ Date

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