

K2012024435(South Africa) (Pty) Ltd t/a The Hair Academy of South Africa Alberton
 43 Voortrekker Road, South Crest, Alberton
 Tel: 011 051 7300 Fax: 086 605 9340

Email: principal@thehairacademy.co.za

Website: www.thehairacademy.co.za

Seta Accreditation: 4038

City&Guilds: 843332A

TRADE TEST CENTRE AC000202NAMB

QCTO: SDP1222/17/00394



The
 Hair
 Academy of
 South Africa
 Alberton

COURSE REGISTRATION FORM

Instructions:

Please complete sections A, B. This form should be completed in BLOCK letters.

A. COURSE DETAILS

Course Interested In: Part-Time Full-Time
 (Please tick only one)

If part-time, which level? Level 02 Level 03 Level 04

B. PERSONAL DETAILS

Surname:		Title:		Initials:	
First names:					
Gender:		Male	Female		
Date of Birth:	DD	MM	YYYY		
I.D./Passport Number:			Nationality:		
Physical Address:					
Code:			Country:		
Postal Address:					
Postal code:			Country:		
Home Tel: ()			E-Mail Address:		
Home Fax: ()			Mobile Phone:		
Disabilities: (If Yes, please specify)		Yes	No		
Highest Qualification Obtained:					
Where did you hear about THASA ALBERTON?					

C. TERMS AND CONDITIONS

The Hair Academy of South Africa Alberton (THASA ALBERTON) reserves the right to alter any programme within reasonable means if it is in the best interest of the applicant and THASA will not be held accountable to these changes.

1. This registration form is binding.
2. The person who signs the form is liable for payment of the full fee.
3. On receipt of the registration form a confirmation letter will be mailed to the applicant.
4. Please note that the deposit and administration fees are NOT refundable.
5. Registration fees do not include accommodation or any additional equipment that are not part of the programme.
6. The Hair Academy of South Africa (THASA ALBERTON) reserves the right to alter any programme within reasonable means if it is in the best interest of the applicant and THASA ALBERTON will not be held accountable to these changes.
7. Discount of 5% will be given only on class fees.

REQUIREMENTS

Certified Identity	YES	NO
Curriculum Vitae	YES	NO
Certified School Certificate	YES	NO
Proof of Residence	YES	NO

Student signature: _____ Date: _____

D. PAYMENTS

Payments can be made via electronic transfer or direct deposit; these payments can be made to the following account: (Please include your name/telephone number as a reference number)

Account holder: **THASA ALBERTON**
Bank: **Standard Bank**
Branch code: **051001(Universal Code)**
Account no: **330380427**

I _____ (Full Names), with I.D./Passport Number _____ accept the terms and conditions and undertake responsibility for the payment related to this registration.

Signature: Date:

A copy of the deposit slip or proof of payment to be faxed to: 086 605 9340. Cheques should be made payable to The Hair Academy of South Africa Alberton.

**THE REGISTRATION FORM AND PROOF OF PAYMENT SHOULD BE RETURNED TO:
THE HAIR ACADEMY OF SOUTH AFRICA ALBERTON**

43 Voortrekker Road
South Crest
Alberton
1448

Telephone: 011 051 7300
Facsimile: 086 605 9340
E-Mail: principal@thehairacademy.co.za