

APPLICANT DECLARATION AND UNDERTAKING

I hereby declare that the information provided above is correct and undertake to provide any additional information that may be required to render my application a success.

Applicant's Signature _____

Date

Y

Y

Y

Y

M

M

D

D

Please include a certified copy of your ID/Passport/Study Permit/Asylum Seeker Temporary Permit/ BI 1693 Form with this application. Please drop this completed form off at your selected MSC Business College campus to complete your application. At no time will your personal information be passed on to organisations for marketing or sales purposes.

GAUTENG

Alberton

50 Voortrekker Road ▪ Phone: (011) 869 0183

Benoni

54 Woburn Avenue ▪ Phone: (011) 421 8467

Braamfontein

165 Smit Street ▪ Phone: (011) 403 1381

Kempton Park

Kempton Place (Kempton City), Pretoria Road
▪ Phone: (011) 970 4281

Midrand

Old Pretoria Road ▪ Phone: (011) 312 1585

Pretoria

285 Francis Baard Street ▪ Phone: (012) 322 2800

NORTH WEST

Klerksdorp

91 Anderson Street ▪ Phone: (018) 462 4007

Rustenburg

91 Tuin Street ▪ Phone: (014) 594 2691

LIMPOPO

Louis Trichardt

69 President Street
▪ Phone: (015) 516 6175

Polokwane

54 Schoeman Street
▪ Phone: (015) 291 3122

FREE STATE

Bloemfontein

Cnr of Maitland & Wes Burger Street
▪ Phone: (051) 430 9702

EASTERN CAPE

East London

14 St Matthews Road, Southernwood ▪ Phone: (043) 743 5778

King Williams Town

Cnr Alexandra & Eale Street ▪ Phone: (043) 643 4927

Port Elizabeth

71 - 76 Parliament Street, Central ▪ Phone: (041) 585 3246

Queenstown

11 Ebdon Street ▪ Phone: (045) 838 5057

Uitenhage

74-76 Caledon Street ▪ Phone: (041) 922 7970

MPUMALANGA

Nelspruit

29 Brown Street, Standard Bank Building, 2nd Floor
▪ Phone: (013) 755 1708

WESTERN CAPE

Bellville

5 Church Street ▪ Phone: (021) 945 1801



STUDENT APPLICATION FORM

FOR OFFICIAL PURPOSES ONLY

Date reference stamp

CAMPUS DETAILS

Stamp campus detail here

APPLICATION FORM

GENERAL INFORMATION (please indicate with an "X" where necessary)

CAMPUS OF INTEREST

GAUTENG

- Alberton
 Benoni
 Braamfontein
 Kempton Park
 Midrand
 Pretoria
WESTERN CAPE
 Bellville

EASTERN CAPE

- East London
 King Williams Town
 Port Elizabeth
 Queenstown
 Uitenhage
MPUMALANGA
 Nelspruit

LIMPOPO

- Louis Trichardt
 Polokwane
NORTH WEST
 Klerksdorp
 Rustenburg
FREE STATE
 Bloemfontein

STUDY AREA OF INTEREST

- IT & Computers
 Hospitality & Tourism
 Project Management
 Wholesale & Retail
 Social Studies
 Engineering Studies
 Financial Accounting & Bookkeeping
 Secretarial & Business Administration
 Human Resources Management
 Public Relations & Marketing Management

APPLICANT DETAILS (please indicate with an "X" where necessary)

Select ID Type	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport NO	<input type="checkbox"/> Work Permit	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Temporary ID
ID Number (Please attach copy of your ID)	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Y	Y	Y	M	D
First name	<input type="text"/>		Middle name(s)	<input type="text"/>	
Surname	<input type="text"/>		Maiden name	<input type="text"/>	
Home language	<input type="text"/>		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

GUARDIAN REQUIRED FOR UNDER 18 YEAR OLD APPLICANT

Full names	<input type="text"/>									
Identity Number (Please attach copy of your ID)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT DETAILS

Full names	<input type="text"/>									
Relationship	<input type="text"/>									
Contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT PERSONAL DETAILS (please indicate with an "X" where necessary)

Nationality	<input type="text"/>									
Resident status	<input type="checkbox"/> South African	<input type="checkbox"/> Dual (SA plus other)	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other						
Race	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	<input type="checkbox"/> Indian/Asian						
Disability	<input type="checkbox"/> None	<input type="checkbox"/> Sight	<input type="checkbox"/> Hearing	<input type="checkbox"/> Communication	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Emotional	<input type="checkbox"/> Multiple		
Highest qualification	<input type="text"/>									
High school	<input type="text"/>									

APPLICANT CONTACT DETAILS

Email address	<input type="text"/>											
Contact numbers	Home number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Work number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cell number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fax number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT PHYSICAL ADDRESS

Line 1	<input type="text"/>												
Line 2	<input type="text"/>												
City	<input type="text"/>								Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT POSTAL ADDRESS (please indicate with an "X" where necessary)

Line 1	<input type="text"/>												
Line 2	<input type="text"/>												
City	<input type="text"/>								Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	<input type="checkbox"/> Western Cape	<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Northern Cape	<input type="checkbox"/> Free State	<input type="checkbox"/> Kwazulu Natal	<input type="checkbox"/> North West	<input type="checkbox"/> Gauteng	<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Limpopo				

WHERE DID YOU HEAR ABOUT MSC? (please indicate with an "X" where necessary)

Source	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster	<input type="checkbox"/> Flyer	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Radio	<input type="checkbox"/> School Visit	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Internet	<input type="checkbox"/> TV
	<input type="checkbox"/> Passing By	<input type="checkbox"/> Signage	<input type="checkbox"/> Mobile Ads	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Magazine	<input type="checkbox"/> Calling In	<input type="checkbox"/> Mall/Shop	<input type="checkbox"/> Open Day	<input type="checkbox"/> Past Student

ACCOUNT PAYER DETAILS IF NOT APPLICANT

Full names	<input type="text"/>											
Relationship	<input type="text"/>											
Identity Number (Please attach copy of your ID)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>											
Contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT PAYER PHYSICAL ADDRESS

Line 1	<input type="text"/>												
Line 2	<input type="text"/>												
City	<input type="text"/>								Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT PAYER POSTAL ADDRESS (please indicate with an "X" where necessary)

Line 1	<input type="text"/>												
Line 2	<input type="text"/>												
City	<input type="text"/>								Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	<input type="checkbox"/> Western Cape	<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Northern Cape	<input type="checkbox"/> Free State	<input type="checkbox"/> Kwazulu Natal	<input type="checkbox"/> North West	<input type="checkbox"/> Gauteng	<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Limpopo				

Please turn over →