

REGISTRATION FORM

Use one form per person registering. Please print and tick all relevant boxes. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

Surname/Last name:					Campus ID (Student no):							
Title:					Full names:							
Contact details (Complete in full)												
Address:												
Home tel: ()					Work tel: ()							
Cell:					Fax: ()							
Email address:												
THIS INFORMATION IS REQUIRED FOR UCT REPORTING PURPOSES												
Age group (Please circle one):			Under 20	20–29	30–39	40–49	50–59	60–69	Over 69	Gender	M	F
Nationality:			Race:		Do you have a disability? Yes / No If yes, please specify:							
Highest educational qualification achieved:												
Are you a graduate of UCT? Yes / No			If yes, what year and degree?									
Occupation:					ID number							
APPLICATION FOR REDUCTION IN FEES (Please tick relevant box)												
I wish to apply for a reduction in fees and certify that I am:												
Member of staff/partner:					Staff no:							
Student at:					Student no:							
<input type="checkbox"/> An individual dependent on an income of less than R8 000 per month.												
<input type="checkbox"/> A member of a family (including couples and single parents) whose total income is less than R12 000 per month.												
Signature: Date:												
I WISH TO REGISTER FOR THE FOLLOWING COURSE(S):												
Course no	Course title								FEE			
I enclose payment by cash/postal order/cheque/credit card/direct deposit/EFT (circle one) for: Make cheques payable to 'UCT'. For credit cards complete section below. For information about making payment by direct deposit, please refer to page 4 of the brochure.									R			
CREDIT CARD USERS ONLY (Complete in full. Please ensure all details are correct and valid.) If your credit card is about to expire please enter your new card expiry date.												
Please charge my credit card with the appropriate amount due for this registration.												
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club												
Credit card no.												
Expiry date			CVC security no. (last 3 digits on reverse of card/ American Express is 4 digits on front right of card)									
Cardholder's name and initials:												
Cardholder's signature: Date:												
OFFICE USE ONLY												
QA					SG							
QE					TC							
REG:					RECEIPT NO:							
T					P							
HANDOUTS:					DATE:							
BAXTER:					PARKING:							
PACKED:					CHECKED:							