

STUDENT INFORMATION

IMPORTANT:

Use only a black pen and bold block letters to complete this document

THIS FORM MUST BE HANDED IN WITH COPY OF ID. AS WELL AS STUDENT CARD WHEN RECEIVING SAMPLES.

Name & Surname : _____

Date of Birth

Sex:

Campus Address: _____

Tel.: _____

E-Mail: _____

Home Address: _____

Tel.: _____

Postal Address: _____

Urgent Contact Telephone: _____

NEXT OF KIN : -

Name: _____

Address: _____

Tel.: _____

Student Nr.: _____ Part – time / Full - time _____

Diploma (e.g. Marketing Retail or Management) _____

Campus: (e.g. Cape Town; Bellville or Mowbray) _____

I, _____ hereby declare (unconditionally) that I shall keep to the rules of this Sales Project.

ID. or Passport No.:

Copy of I.D.:-

I, hereby state and verify that the above is correct and true to the best of my knowledge.

Signature: _____

Date: _____