



Accreditation Number: QCTOSDP01190918-1808

ENROLLMENT FORM (copy of your ID required)

1. Surname _____ Full Names _____
2. Postal Address _____
3. Residential Address _____
4. Nationality _____ Tel _____ Cell _____
5. ID Number _____ Gender: _____ Marital Status _____
6. Highest School Standard Passed _____ Year _____
7. Studies (Diploma, Undergraduate and/post graduate Degrees that you have completed)

Diploma/Degree	Institution where obtained	Year completed

8. Previous Occupation _____ Present Occupation _____
9. Trade Or Profession In Which You Are Qualified _____
10. Name Of Church In Which You Are A Member _____

11. If you have done any Biblical or theological studies, please write in the space provided below. You might not be having any certificate for it, but you have statement of results. Mention Course name, name of institution, duration of the study, when did you complete that.

Is the institute accredited? _____ (Yes/No). Accrediting Body is _____

Signature of applicant _____ Date _____

This qualification, *Christian Religious Professional*, is completed in a period of 2 years.

The total fee for year **2020 is R12 000.00** (inclusive of registration). In case you want to pay a total fee for this year, this is the figure you pay. Please note that the Board reviews fees of each year and determines each year's fees. This means that the fee of this year will differ with the fee of next year.

Registration Fee of year 2020 is R500.00 and is non-refundable. The student will pay registration fee each year for as long as they are still in study.

Registration Fee : R500.00 (non-refundable)

Tuition Fee per Year 1 : R11 500.00

In this document, the word 'applicant' and 'learner' are used interchangeably and will mean but one thing. Even if the payment has been done by the learner's parent/spouse/guardian, the attending of the class here means attending by the applicant learner.

REFUND CONDITIONS AND PROCEDURES

- i. If the applicant withdraws within a period of 10 working days from the day of registration, a refund (of payment, not registration fee) will be given but 10% of the paid tuition will be retained due to administrative expenses.
- ii. If withdrawal by the applicant is made after having attended classes (regardless of how many sessions), no refund will be given to the applicant.
- iii. All learners who have not paid required fees as guided by payment guide will not be allowed to write an external examination and will not be allowed to move to the next academic period (semester/Module) even if they have good results of the previous Module that they did.

If there is any refund due to student (applicant), that refund will be carried out thus:

Applicant (student) will fill in refund form. 50% of the refundable fee will be refunded within 72 hours and the rest of the amount will be paid by arranged installments.

TO BE READ AND SIGNED BY PAYER/GUARDIAN OF APPLICATION

Payment is done in an up-front pattern (e.g: payment for March 2020 should be done not later than 7th March 2020, not end of March 2020).

Choose by ticking one box as to how you will do your payments of each Semester

How will you pay the R5'750.00 **of each semester**? Please tick one box below

I will pay monthly

In 3 payments

In 2 payments

2020 FEES

- Registration :R500.00 (none refundable)
- Tuition :as per the payment schedule you chose above
- Total :R12 000.00 (per annum, inclusive of registration)

All payments will be deposited into the bank of this Institute (details below) and a proof of payment should be faxed or emailed to the office. You are requested to keep the copy of payment as this is important to us as well as to you. Email is info@elyonbibleinstitute.com. Please cc the elightmash@gmail.com

Be advised that the Senate (highest decision-making Body of this institute) has contracted a legal firm to assist with collection of late payments. A collection fee will be demanded from the payer by the legal firm. Collection fees and other legal fees will be paid by the payer. A late payment is the one that is made after the 7th of the month of payment.

DECLARATION BY PAYER/GUARDIAN OF APPLICANT

I, The payer/guardian (delete whichever is not applicable) of the above mentioned applicant, hereby understand and agree by the terms and conditions of this payment notification and will abide by it. I further agree that failing to do this will have legal implications in which legal fees will be paid by me.

Surname of payer..... full names.....

ID Tel..... Cell

Physical Address.....

Signature of payer.....date signed.....

Account Name	: Elyon Bible Institute
Bank Name	: Standard Bank, Polokwane
Cheque Account	: 10113374303
Branch code	: 017445

Reference : your surname & initials