



# ASANTE

HEALTH & SKINCARE INSTITUTE

## REGISTRATION FORMS

PART TIME COURSE: \_\_\_\_\_

### Personal details:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Contact Number: (c) \_\_\_\_\_ (w/h) \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Contact details of a friend/ relative:

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

PLEASE HAND IN THE ORIGINAL APPLICATION FORM / CONTRACT  
WITH A COPY OF I.D. DOCUMENT

Total Cost of course: \_\_\_\_\_

Breakdown of payments:

- 50% Deposit payable upon registration, the balance must be paid before classes commence.
- No cheques, cash or credit/debit cards will be accepted by the staff of Asante Health & Skincare Institute.
- All fees and payments must be made at Standard Bank.

If a learner withdraws from the course for any reason, no money will be refunded.

I (Parent)\_\_\_\_\_ and (Learner)\_\_\_\_\_

have read and understand the terms and conditions as set out in the above contract.

LEARNER SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Witness on behalf of Asante: \_\_\_\_\_

**BANKING DETAILS**

STANDARD BANK

Account name: MOVE AHEAD DEVELOPMENT AND MANAGEMENT (PTY) LTD

Account number: 060809809

Branch code: 052548 (Polokwane)

Type of account: Cheque account

Please fax or mail proof of payment to the College –

(015) 291 4836 or 086 666 8157 or mail [wendy@moveahead.co.za](mailto:wendy@moveahead.co.za)