



# BUSINESS MANAGEMENT TRAINING COLLEGE

FORTUNA PER SCIENTIUM

147 - Second Road - Chartwell - 2191 | Private Bag X100 - Bryanston - 2021  
Tel: 011 708 0159 - Fax: 086 639 4687 - E-mail: info@bmtcollege.edu.za

WWW.BMTCOLLEGE.EDU.ZA

FRM5020\_01<sup>2012b</sup>

PROSPERITY THROUGH KNOWLEDGE

## ENROLMENT CONTRACT

Submit this enrolment contract together with the supporting documents by post, fax or e-mail.

### i) NEW ENROLMENT

Indicate if this is a new enrolment

### ii) Existing Student

#### CHECKLIST FOR NEW ENROLMENTS.

i.e. you have never studied with BMT College before:

- Completed Sections A - D
- Completed and signed Section E if financing study fee, including Debit Order, EFT or Deposit.
- Completed and signed section F if paying by Debit Order.
- Completed and signed section G if paying by credit/debit card
- Completed and signed section H
- Certified copy of your ID
- Certified copy of entry qualification (see 11 below)

#### CHECKLIST FOR EXISTING STUDENTS

i.e. you have previously studied or are currently studying with the College:

- Completed Section A
- Completed Sections C - D
- Completed and signed Section E if financing study fee, including Debit Order, EFT or Deposit.
- Completed and signed section F if paying by Debit Order.
- Completed and signed section G if paying by credit/debit card
- Completed and signed section H

## A: PERSONAL INFORMATION

1. SURNAME

\_\_\_\_\_

2. FIRST NAMES

\_\_\_\_\_

3. TITLE

MR  MRS  MS  MISS  DR  OTHER \_\_\_\_\_ *Please Specify*

4. ID OR PASSPORT NR

\_\_\_\_\_

5. DATE OF BIRTH

Y Y Y Y - M M - D D

6. GENDER

MALE  FEMALE

7. HOME LANGUAGE

AFRIKAANS  ENGLISH  ISINDEBELE  ISIXHOSA  ISIZULU  SEPEDI   
SESOTHO  SETSWANA  SISWATI  TSHIVENDA  XITSONGA  OTHER

8. EQUITY

BLACK  COLOURED  INDIAN  WHITE  OTHER

9. DISABILITY

NO  YES  IF YES PLEASE SPECIFY:  
SIGHT  HEARING  COMMUNICATION   
*(even with glasses)* *(even with a hearing aid)* *(talking, listening)*  
PHYSICAL  INTELLECTUAL  EMOTIONAL  DISABLED  MULTIPLE   
*(moving, standing, grasping)* *(difficulties in learning)* *(behavioral or psychological)* *(unspecified)*

10. EMPLOYMENT STATUS

WORKING FULL TIME  NOT WORKING  WORKING PART TIME  PENSIONER/RETIRED

COMPANY NAME

JOB TITLE

\_\_\_\_\_

11. ENTRY QUALIFICATION

IF ENROLLING FOR NQF 5 OR HIGHER MATRIC  OR NQF 4 QUALIFICATION  IF ENROLLING FOR NQF 4 GRADE 11  OR NQF 3 QUALIFICATION

## B: CONTACT INFORMATION

12. TELEPHONE NUMBERS

MOBILE \_\_\_\_\_ HOME \_\_\_\_\_  
WORK \_\_\_\_\_ FAX \_\_\_\_\_

13. E-MAIL ADDRESS

\_\_\_\_\_

14. POSTAL ADDRESS

Where your study material will be posted to:

\_\_\_\_\_

POSTAL CODE:

\_\_\_\_\_

15. HOME ADDRESS

Ignore if same as postal address:

\_\_\_\_\_

POSTAL CODE:

\_\_\_\_\_

16. NOTIFICATIONS

Do you wish to receive College SMS notifications on your mobile and College information through E-mail? YES  NO

17. REFERRAL

FRIEND/COLLEAGUE/FAMILY MEMBER  INTERNET  PRINT MEDIA  \_\_\_\_\_ *please specify*

Signature of Applicant



## E: FINANCING AGREEMENT

PLEASE NOTE: This section needs to be completed if you have chosen to finance your study fees.

### 24. CREDIT ASSESSMENT

MONTHLY INCOME: \_\_\_\_\_  
 MONTHLY EXPENSES: \_\_\_\_\_  
 TOTAL AVAILABLE: \_\_\_\_\_

WILL YOU BE ABLE TO AFFORD TO FINANCE YOUR STUDY FEE AS SELECTED ABOVE? YES  NO   
 DO YOU AGREE TO REPAY YOUR STUDY FEE IN FULL AS PER THE FINANCE AGREEMENT SELECTED ABOVE? YES  NO

### Financing agreement, conditions and declaration:

- I, \_\_\_\_\_, (name and surname of student) ID Number: \_\_\_\_\_, hereby agree that I will continue to make monthly payments, by no later date than the last working day of every month, until my obligations in terms of this contract towards the financing of my study fees has been paid in full, which may include finance charges.
- I understand that I may cancel my studies at any time, but will remain liable for the study fees as indicated in this contract.
- I agree that if I should fail to make the agreed payments on time, the full outstanding amount owing will become payable immediately and that a monthly penalty will be charged.
- I agree that Business Management Training College (Pty) Ltd shall be entitled to recover from me all legal costs incurred in order to enforce its rights under this contract, including but not limited to, attorneys, own client fees, collection charges and all tracing charges.
- I accept that by choosing the financing option, I am able to fulfill my financial obligations to Business Management Training College (Pty) Ltd.
- I agree that Business Management Training College (Pty) Ltd may approach credit agencies in order to ascertain my credit record and that in the event of my failure to honor this agreement, Business Management Training College (Pty) Ltd shall have the right to inform credit agencies thereof.
- I acknowledge that this agreement may be ceded or assigned to a third party.

Signature of Applicant

Date

## F: DEBIT ORDER AUTHORISATION

- The information below should be completed and signed by the account holder of the bank account against which this debit order will be lodged
- This debit order authorisation instruct BMT College to deduct payments towards the financing of the study fees as indicated in D above for the student as indicated in A above on a monthly basis until the study fee has been paid back in full, including finance charges if applicable.

25. SURNAME \_\_\_\_\_

26. FIRST NAMES \_\_\_\_\_

27. TITLE

MR  MRS  MS  MISS  DR  OTHER \_\_\_\_\_ *Please Specify*

28. ACCOUNT NUMBER

\_\_\_\_\_ 29. BRANCH CODE \_\_\_\_\_

30. BANK

31. BRANCH

32. ACCOUNT TYPE

TRANSMISSION  SAVINGS  CHEQUE  OTHER \_\_\_\_\_

33. DEBIT ORDER DATE

LAST WORKING DAY OF EVERY MONTH  15TH OF EVERY MONTH  25TH OF EVERY MONTH

### Debit Order agreement, conditions and declaration

- By signing this Debit Order Authorisation I agree that BMT College may start deductions, as selected in D above, from my account, irrespective of whether I have received confirmation of enrolment or not.
- I agree that the first deduction will be on the first occurrence of the day selected above. Subsequent deductions will continue in terms of this agreement until the obligations in terms of this contract has been paid.
- I agree that BMT College may start with the deductions, irrespective of whether I have paid the Registration Fee or not.
- \* I agree that if BMT College has not yet received proof of payment for the registration fee at least 5 days prior to the first deduction, BMT College may deduct the applicable Registration Fee for the programme I enrolled for directly from my account.**
- I understand that this Debit Order Agreement and Conditions does not in any way absolve me from the Terms and Conditions of Enrolment as indicated in the Enrolment Contract - FRM5020\_01.
- If the 15th or 25th falls on a weekend, the Debit Order will be effected on the Friday before the selected date.
- I acknowledge that all payment instruction issued by Business Management Training College (Pty) Ltd shall be treated by my abovementioned bank as if the instructions has been issued by me personally.

Signature of Account Holder

Date

## G: CREDIT/DEBIT CARD AUTHORISATION

- The information below should be completed and signed by the account holder of credit or debit card.
- This credit/debit card authorisation instruct BMT College to deduct payment towards the financing of the study fees as indicated in D above for the student as indicated in A above on a monthly basis until the study fee has been paid back in full, including finance charges if applicable.

34. SURNAME \_\_\_\_\_

35. FIRST NAMES \_\_\_\_\_

36. TITLE

MR  MRS  MS  MISS  DR  OTHER \_\_\_\_\_ *Please Specify*

37. CARD NUMBER

\_\_\_\_\_ 38. CARD TYPE \_\_\_\_\_

39. TRANSACTION DATE

Y Y Y Y - M M - D D

40. EXPIRY DATE

\_\_\_\_ / \_\_\_\_

41. CCV NUMBER

\_\_\_\_

42. OPTION

STRAIGHT

BUDGET OVER

- 6 MONTHS  
 12 MONTHS  
 18 MONTHS  
 24 MONTHS

### Declaration by Account Holder :

I hereby grant BMT College permission to deduct the amount indicated in D above from my credit/debit card on the preferred date of transaction (on behalf of the student as in A above).

Signature of Account Holder

Date

Signature of Applicant

