

# SPECTRIUM CONTRACT OF ENROLMENT



8th Floor, Braamfontein Centre/ 23 Jorrisen Street/ Braamfontein

Tel: 011 339 1746/52 Fax: 011 339 3657 info@spectrum.co.za / www.spectrum.co.za

## SECTION A - PERSONAL DETAILS (Tick where appropriate)

**All sections to be completed fully**

<b>STUDENT</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	First Names	Surname
I.D. Number	(Please attach a certified copy of your I.D. or any relevant permits)		Date of Birth (YYYY/ MM/DD)
Telephone	h <input type="checkbox"/> w <input type="checkbox"/>	c <input type="checkbox"/>	f <input type="checkbox"/>
Email Address	Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>
Highest Qualification			
Home Address	Postal Code		
Postal Address	Postal Code		
Name & Address of Employer	Postal Code	Tel	Email Address
Position Held			

**Race**  
For statistical purposes only

African  Coloured  Indian  White

Other

Send my correspondence to: Home Address  Work Address   
Postal Address

**NEXT OF KIN**

Name & Surname:.....  
ID Number:.....Tel:.....  
Cell:.....Email:.....  
Relationship with your next of kin:.....

## SECTION B - ACADEMIC APPLICATION

Which Certificate/ Diploma/ Degree programme are you registering for?  
CIMA  IMM  CIE  PMI  ACCA  ICB  IT

Others (Specify):.....

Tick year of study: First  Second  Third  Fourth

Study Mode: Full Time  Part Time  Learnership   
Recognition of Prior Learning  Distant Learning

Where did you hear about Spectrum? TV  Radio  Print   
Billboard  Internet  Others.....

## COURSE FEES

Cash Payment: R.....  
Contract Amount: R.....  
Deposit: R.....

<i>Instalments:</i>	<i>Total Amount</i>
<input type="checkbox"/> 3 months	R.....
<input type="checkbox"/> 4 months	R.....
<input type="checkbox"/> 5 months	R.....

Payment to be made by: Student  Sponsor   
Employer  Other(s).....

## LIST THE COURSE MODULES(s)/ PROGRAMMES(s):

FIRST SEMESTER	SECOND SEMESTER
1.	1.
2.	2.
3.	3.
4.	4.

## SECTION C- DECLARATION AND UNDERTAKING BY THE APPLICANT

1. I declare that the information I have supplied is complete and true. I understand that if any of it is found to be incomplete, false or misleading, the institution may cancel any offer made, or my registration.

2. If I am a minor or sponsored by my company, my admission to the institution is subject to the consent of my parent/ guardian/ sponsor.

3. I undertake to abide by the rules of the Institution.

4. I hold myself responsible for the payment of all fees and other charges due and payable by me to the Institution's bank account as prescribed in Spectrum's fee structure. If I am in arrears, I will be liable to pay interest charged by the Institution's Bankers from time to time from due date until date of payment and I will be liable for all costs of recovery, including fees charged by attorneys on the scale as between attorney and client and collection commission. I understand that payments received will be allocated to clear unpaid interest first, followed by the oldest debt. I understand that Spectrum can attach my property to recover any debt owed by me to the institution.

5. I hereby waive all claims against the Institution for any damages or loss suffered while I am, or as a consequence of my being, a student of the institution and arising out of death, bodily injury, loss of health or illness suffered by me or any other person and loss of destruction of, or damage to property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the Institution or any official, employee or representative of the Institution. I or my estate hereby indemnifies the Institution against any claims arising in any way as stated above or in respect of my own negligence or willful acts or omissions.

**6. CANCELLATION POLICY**  
Fees are non-refundable upon cancellation or withdrawal from the module/ programme. Learners will be held liable for the entire fees of the programme upon cancellation or withdrawal. Should Spectrum cancel the programme for whatsoever reason learner registration and programme fees will be refunded.

Signature .....Date .....

## SECTION D - IF YOU ARE UNDER 21 OR SPONSORED, THE FOLLOWING DECLARATION MUST BE COMPLETED BY YOUR PARENT OR LEGAL GUARDIAN/SPONSOR

Name of Company / Sponsor:.....Authorised by:.....Position.....Signature.....

Title: Mr.  Miss  Mrs  Other (Please specify).....Guardian Name & Surname.....

Relationship:.....Office Tel:.....Fax:.....Cell:.....Email.....

Physical Address:.....Postal Address:.....

I agree and consent to the above declaration, undertakings, waiver and indemnity by the applicant. I consent to the applicant using the registration form if admitted. I hold myself/ the company jointly and severally liable for the applicant as co-debtor of all amounts due by the applicant to the institution. I irrevocably undertake that I shall not, in any capacity, hold the institution liable for any damage or loss which the applicant or any other person may suffer under any of the circumstances set out in the applicant's declaration.

Signature.....Date .....

### FOR OFFICE USE ONLY

Application Submission Date	Account Number	Amount Paid	Admission Letter sent on (Date)
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