

REGISTRATION FORM and CONTRACT

NB. NO ENROLMENT WILL BE ACCEPTED WITHOUT A VALID ID DOCUMENT AND ANY ID SIZE PHOTO

Please attach a recent ID/Passport Photo of yourself

STUDENT INFORMATION

FULL NAMES AND SURNAMES AS REFLECTED IN THE ID DOCUMENT

SURNAME: _____

INITIALS: _____

NAME: _____

GENDER: Male Female

RACE: African White Colored Indian Other

IDENTITY NUMBER: RSA: YES NO

MARITAL STATUS: _____

HOME LANGUAGE: _____

Do you have any disabilities that may require assistance: YES NO

Specify Please : Visually impaired Hearing impaired Speech impaired

Learning impaired Motor impaired OTHER: _____

Hobbies: _____

Where did you hear about Lasting Impressions: _____

Why did you choose Lasting Impressions: _____

CONTACT NUMBERS

Work: (CODE) _____ Home: (CODE) _____

Cell: _____ Fax: _____

Email address: _____

Postal address for all correspondence (including any study material for your own account):

Ordinary mail Courier (2 Days) Same Day Other: _____

Postal Address: _____

Suburb: _____

City: _____ Code:

Residential / Physical Address: _____

Suburb: _____ Code:

PERSON/COMPANY RESPONSIBLE FOR PAYMENT

Name and Surname: _____

Company Name: _____ VAT No.: _____

Work: (CODE) _____ Home: (CODE) _____

Cell: _____ Fax: _____

E-Mail address: _____

Signed by Student

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Signed : Representative/Owner Lasting Impressions Training



I hereby want to register for the following Course:

Course Name: _____

Registration fee/deposit: 50% deposit 2 weeks before course commences. Full amount payable on or before first day of course.

Course Duration:Area: 5 days (Monday to Friday)

Course Venue: Lasting Impressions, 23, 18th Street, Menlo Park - Pretoria

Course Date: _____

Course No.: _____

PAYMENT AS FOLLOW:

Full Payment/Once Off: _____ Date: _____

50% Deposit Date: _____ Amount: _____

Balance Payment Date: _____ Amount: _____

PAYMENTS ARE TO BE DEPOSITED IN THE FOLLOWING ACCOUNT:

Bank: First National Bank - Brooklyn
Account Name: Lasting Impressions Training
Account Type: Cheque
Account No.: 627 625 295 04
Branch Code: 250655

Note: Proof of payment is to be attached to this form and faxed to Lasting Impressions:

For Attention: Paula Becker
To: 086 733 0128 or paula@lastingimpressions.co.za

TERMS AND CONDITIONS:

1. (1.1) Postage on everything send to or from "Lasting Impressions Training" is payable by the student;
- (1.2) The replacement of study materials shall be for the account of the student;
- (1.3) Study material supplied to students may not be passed on or access given to anyone other than the registered student;
- (1.4) Fees charged by "Lasting Impressions Training" do not include Registration to any other external bodies;
- (1.5) Fees charged by "Lasting Impressions Training" exclude all external exam fees, handbooks, uniforms, etc;
- (1.6) Certificates / Diplomas will only be issued once the student's account has been settled in full and all applicable exams, case studies and test have been completed and passed.

2. I hereby declare that I am legally bound to this contract and that, in the event of limited contractual capacity, the guardian/sponsor is responsible for the repayment of the entire dept with interest. He / She accepts all the terms and conditions of the entire Agreement.

3. (3.1) I undertake to notify the "Lasting Impressions Training" in writing of any changes in my contact details, including but not limited to: my business, postal or residential addresses, my home, work or cell phone number(s), and my e-mail address, within 7 (seven) days of such damage.
- (3.2) I choose the address as disclosed herein as my domicillium citandi et excutandi for all purposes arising from this agreement.
4. (4.1) The price payable will be submitted by the method you have indicated on your registration document within 7 days after signing of this document.
- (4.2) No relaxation or indulgence which we may extend to you shall affect our rights under this Agreement;
- (4.3) All liabilities or obligations arising under this Agreement shall be enforceable against you after termination of this Agreement;

Signed by Student

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Signed : Representative/Owner Lasting Impressions Training



5. The “Lasting Impressions Training”, the owner as well as personnel will not be held responsible for any damage or loss of whatever nature, which could suffer at times of lecture attendance, or any outing of the “Lasting Impressions Training”, or for whatever reason.
6. I agree that should I breach any of the terms of this agreement, then the full balance owing shall immediately become due, and “Lasting Impressions Training” shall be entitled to proceed against me for the recovery thereof without further notice. The cost of all letters, telephone calls, tracing fees and other collection costs and charges.
7. I accept that under no circumstances is any fees refundable, and after signing this contract, I will be responsible for the full payment as Agreed by contract.
8. I confirm that in the case where I no longer attend lectures and/or no longer continue with the course, my responsibility with regard to the contract price will not be reduced, and that the full contract price will be payable immediately on request.
9. I acknowledge and understand that no alteration or amendment or acknowledged cancellation except for this acknowledgment will be binding to me and the “Lasting Impressions Training”.
10. I agree to the jurisdiction of the Magistrate's Court for any action or legal action that the “Lasting Impressions Training” may institute against me with regard to any claim of whatever reason resulting from this Agreement.
11. If any of the dates / times / modules of your Module, after registration, are changed by yourself, a fee of R500 will be implied.
12. If you do not complete the course within a 2 year period from commencement of contract, the contract will expire and the full subject (course fees) will be charged for re-registration per subject.

DECLARATION AND UNDERTAKING

I acknowledge that I have familiarized myself with this contract, the “Lasting Impressions Training” Prospectus, Rules and Regulations and relevant documentation and certify that the information given in this contract is accurate and complete in all respects.

- a) We choose our domicilium citandi et executandi as stipulated herein.
- b) In the vent of legal action being instituted for the recovery of fees payable in terms of this application, you will be liable for the attorney costs.

I hereby accept that I am jointly and severally liable for payment of full contract amount after signing of this registration form.

Signature of Student

*Co-Signed by 1st Parent/Guardian/Sponsor
(if student is under 21)*

Witness

Co-Signed by Sponsor

Signed on the _____ day of _____ 201_____ at _____

Signed by Student

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Signed : Representative/Owner Lasting Impressions Training

