

MONAANA INSTITUTE (PTY) LTD



Cell: 0(+27)71 592 4690 Cell:
0(+27) 61 532 9209
www.monaanainstitute.co.za
Reg. no.: 2013/142954/07
register@monaanainstitute.co.za

28 Dardanella Street,
Swartruggens, 2835
Tax reg. no.: 912 476 0183
Accreditation no.: 06-QCTO/SDP140924233520

TRAINING REGISTRATION FORM: 2024/2025

Student Details													
Surname													
Full Names													
Title	Mr.		Ms		Adv		Dr.		Other (specify)				
Identity Number												DoB ___/___/___	
Home Address													
												Code	
Postal Address													
												Code	
Contact No's	Cell:						Tel (W):						
Alternative No.													
E-mail address													
Please Tick the name of the programme you are registering for	Course:											Tick:	
	Project Manager (18 Months)												
	Office Administrator (36 Months)												
	ECD Practitioner (12 Months)												
	Computer Technician (18 Months)												
Duration of training	From:						To:			No. of Months:			
Employment Details													
Employed	Yes		No										
If employed name of employer & Contacts													
If not employed (source of income)	None		Grant		Pension		Small business		Business		Other (specify)		
Are you the breadwinner	Yes		No										
Highest Qualification or Grade passed													

"Empowered to Excel Through Knowledge!"

Who pays for this programme (Names & Contacts)	
Payments details	Please make all payments to: Monaana Institute (Pty) Ltd, FNB, Cheque account number: 624 270 496 81, Branch code: 260 849; Reference: Your name + EUC or student number

Commitment to Pay

I _____ (names of a person paying) understand that it is my responsibility to pay the fees of _____ (Student name) and will do that promptly without fail. I promise to pay the Tuition fee of **R..... 00** cash/in installments of **R.....** per month for a period _____ months not exceeding 12 months from (date) _____ to end date _____. I am also liable to pay the **non-refundable** registration of **R1500** before commencement of the studies. My failure to pay these fees during stipulated times may incur interests. I understand that I have paid non-Refundable registration fee even if I can cancel my/my dependent student's studies. I understand that studies and their payments commence at the beginning of the month so any payment made upfront will not be refunded. Should I or my dependent choose to terminate the studies I will be liable to pay for the three months as I need to give 3 months' notice for any cancellation. I understand that all my Monthly fees must be paid before the 1st of every month. Failing which my dependent/myself won't be allowed to attend the classes and may not be allowed to sit for term test. Cancellation of the agreement can be done within 7 days from registration failing which a 3-months-notice must be given. I understand that I have to pay full amount before my dependent/I sit(s) for final exams. Even if I/my dependent withdraws before final exam, I still have to pay off all fees, otherwise legal action will be taken against me to recover balance owed by me.

Signature of Student/Person responsible for the account: _____

Date: _____

Approval by Head Office/ or MI Official:

Approval granted/ denied _____

Approval by: _____ Designation: _____

Signature: _____ Date: _____