



1ste Jaar

**VIR VOLLEDIGE REGISTRASIE BENODIG EMET DIE
VOLGENDE**

- **Verlengde Registrasievorm**
- **Verkorte Registrasievorm**
- **Kleur paspoort foto**
- **Bewys van Betaling—Registrasie
Foi**
- **Debiet order vorm**
- **Kopie van ID**

Bank Besonderhede:

**First National Bank
EMET Academy of Learning
Cheque Rekening
Rek : 62520357139
Clearwater Tak**

Baie Dankie

B. INFORMATION OF PARENT / GUARDIAN / SPOUSE *(Leave open if not applicable)*

Title (Mr/Mrs, etc.)					Initials									
Surname														
Telephone Number	Code							Number						(H)
														(W)
														(Cell)

Relationship	
Employer's Name <i>(of the above)</i>	
Dependants <i>(in the family)</i>	

C. CHURCH

Church Denomination	
Senior Pastor/Minister's Name	
How long have you been a member there?	
If you had prior Theological Training please specify	

D. MEDICAL INFORMATION

Do you have a Medial Aid?	Yes	No
Name of Medical Aid		
Medical Aid Number		

E. REFERENCES

Please provide (3) Confidential References: Minister/Spiritual Leader, and 2 others (family & friend)

1. Name <i>(Pastor/cell group leader)</i>															
Relationship															
Contact Details	Code								Number						(H)
															(W)
															(Cell)

2. Name <i>(Family member)</i>															
Relationship															
Contact Details	Code								Number						(H)
															(W)
															(Cell)

3. Name <i>(Friend)</i>															
Relationship															
Contact Details	Code								Number						(H)
															(W)
															(Cell)

Under the age of 18:

We need your parent's permission before you may apply to attend EMET Academy of learning.

Signature	Name & Surname
Date	Relationship

F. SPIRITUAL LIFE

When did you surrender your life to YESHUA? Please give a brief testimony on how it happened.
How did you reach your decision to apply at Emet Academy of learning?
What are you expectations regarding the studies?

G. EDUCATIONAL BACKGROUND

SECONDARY QUALIFICATION:

High School Attended	
Highest Grade Passed	
Year of Completion	
Extramural Activities	

TERTIARY QUALIFICATIONS:

Tuition Centre	Date of Attendance	Degree/Diploma	Date of Completion

H. FINANCIAL

Do you have sufficient funds to enrol in the program?	
If not, do you wish to apply for financial help from Emet?	

PLEASE INDICATE YOUR FINANCIAL PLAN FOR YOUR STUDIES WITH AN (X)

1. Full amount will be paid before the end of April 2019	
2. Monthly payments.	

I. PERSONAL

Mark the 10 most important characteristics that describe you (Please mark 1 as strongest and 10 weakest):

Active		Impulsive		Nervous		Perfectionist	
Moody		Serious		Quiet		Creative	
Pleasant		Timid		Lonely		Value Driven	
Hurting		Adaptable		Organised		Submissive	
Guilty		Humorous		Loyal		Depressed	
Ambitious		Obtrusive		Cheerful		Courageous	
Extrovert		Introvert		Calm		Love People	
Stubborn		Sensitive		Optimistic		Hard Working	
Doubtful		Practical		Warm		Confident	
Pessimistic		Confused		Impatient		At Ease	
Self-conscious		Competitive		Self-sacrificing			

AGREEMENT

An agreement between EMET Academy of learning, the Applicant and their Parent/
Guardian/Spouse/Sponsor:

I (*applicant's Full Name and Surname*),

undertake the following:

1. To obey and support the EMET Academy of learning Code of Conduct, rules and regulations.
2. To obey the decisions that is made by the leadership of EMET Academy of learning.
3. To adhere to the full schedule of the Academy's program.
4. To pay the full fees for the course and accommodation (if applicable), and understand that the Academy has the right to cancel my studies for non-payment of the fees.
5. I release EMET Academy of learning from any claims of compensation that may arise from my studies or the cancellation thereof.
6. I give permission for the necessary treatment in case of a medical emergency.

I, **(a)** subject myself to this agreement without any objections OR

(b) have the unreserved permission and support of my parents/guardian/spouse to meet the requirements of the agreement.

(Delete a or b, whatever is not applicable)

7. I hereby acknowledge that I fully understand and agree with the contents of the prospectus as published on the Emet website @ www.emetgroup.co.za.

Signature of Applicant

Date

The following section must only be completed by the parents, if the applicant is **younger than 18 years**:

I _____ *(full names of parents / guardian)*

Declare that I agree all the clauses of this agreement as set out above and give permission that
_____ *(full names of applicant) enrol at EMET Academy of learning*

Signature of parent / guardian _____ Date _____



Emet
academy of learning

Full Time

Attendance Only

1st Year

2nd Year

3rd Year

Family Discount

Full Amount Payment Discount

Name & Surname: _____

EMET Student Nr : _____

Address: _____

Delivery address _____

(During Office Hours)

Name on Certificate : _____

E-mail: _____

Cell nr: _____

ID nr: _____

Please ensure that all the above information is correct!

Thank you!

A. Authority

Given by (ACCOUNT HOLDER)

Account type:

	Current		Savings		Transmission
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Account holder's Name::

Surname

Tel Number

Bank:

Account Nr:

Branch code:

Address:

Amount

R										-		
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Date:

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To (BENEFICIARY DETAILS)

Name

Abbreviated Name

Contact Number:

Address:

This signed Authority and mandate refers to our contract to our contract dated

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on -----and continuing until this Authority and Mandate is terminated by me/us by giving you one calendar's month notice in writing

The individual payment instructions so authorised to be issued must be issued and delivered monthly (on the first day of every month)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such should enable me to identify the

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

The Agreement reference:

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Signed at _____ on this _____ day of _____

SIGNATURE OF ACCOUNT HOLDER

Date:

--	--

Day

--	--

Month

--	--	--	--

Year

FOR ALL YOUR EMET NEEDS :



EXCELLENCE THROUGH TRUTH

Account Queries :

Willie / Bernadett
info@emetgroup.co.za
info@phfi.co.za

Admin Queries

Bernadett / Reinie
info@emetgroup.co.za

Academic Questions :

Academicdean@emetgroup.co.za

Facilitators :

1ste Year
Dienie / Claudi
emet1@emetgroup.co.za

2nd Year
Corrie / Belinda
emet2@emetgroup.co.za

3rd Year
Jak / Anne-marie / Ronnie
emet3@emetgroup.co.za