



*In Uniqueness there is no comparison and no competition*

# APPLICATION FORM

## Student Personal Details

Mr            Mrs            Ms            Other: \_\_\_\_\_

Name & Surname: .....

Date of Birth: ..... ID Number: .....

Postal Address: .....

.....code: .....

Tel: (W): ..... Tel (H): .....

Cell no: ..... Fax No: .....

Email: .....

## Course Details

Which Course Name are you registering for:.....

Cost of the course:.....

All courses excludes music and ICK clothing

Please note all terms and conditions are available on our website. You will be required to sign a copy of the terms and conditions on the day of the course.

## Payment Details

Kindly deposit or transfer into the following account:

Account name: International College of Kinesis

ABSA Cheque Account no 4054623913, Branch code: 632005

Kindly fax deposit slip and registration form to 0866480102 or email to admin@collegeofkinesis.com