



**MARITIME  
BUSINESS INSTITUTE**

FULLY ACCREDITED

*Education Today, Success Tomorrow.*

# Maritime Business Institute

## Student Application Form

All fields must be completed in full. The applicant (or parent/guardian) must sign this form before submission.

### 1. General Information

<b>Full Name (First, Middle, Last):</b>	
<b>Date of Birth:</b>	D ____ M ____ Y ____
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>South African ID Number:</b>	
<b>Nationality:</b>	
<b>RSA Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Province:</b>	
<b>Immigration Date (if applicable):</b>	
<b>Passport / Foreign ID Number:</b>	



## 2. Contact Details

<b>Home Address:</b>	
<b>Postal Address (if different):</b>	
<b>Postal Code:</b>	
<b>Cell Number:</b>	
<b>Email Address:</b>	

## 3. Next of Kin

<b>Full Name:</b>	
<b>Relationship to Student:</b>	
<b>Cell Number:</b>	
<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____

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## 4. Academic Background

<b>Highest Qualification Completed:</b>	
<b>Institution Attended:</b>	
<b>Year Completed:</b>	
<b>Subjects / Field of Study:</b>	

## 5. Course Application

<b>Intended Course (write full title):</b>	
	<i>(e.g., Supply Chain Management NQF Level 5)</i>
<b>Preferred Start Date:</b>	
<b>Mode of Study:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Exam Only

## 6. Employment Details (if applicable)

<b>Employer Name:</b>	
<b>Position Held:</b>	
<b>Work Address:</b>	
<b>Work Contact Number:</b>	

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## 7. Financial Information

<b>Account Payer Name:</b>	
<b>Relationship to Student:</b>	
<b>Cell Number:</b>	
<b>Tel:</b>	
<b>Bank:</b>	
<b>Branch:</b>	
<b>Branch Code:</b>	
<b>Account Type:</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Business
<b>Account Number:</b>	

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## 8. Payment Plan

#	Month	Amount (ZAR)
1		
2		
3		
4		
5		

**Total Course Price:** R \_\_\_\_\_

**Payment Method:**  Debit Order  Bank Transfer  Cash

**Payment Period:**  Once Off  3 Months  6 Months

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**9. Additional Information**

<b>How did you hear about MaritimeBI?</b>	<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Flyer <input type="checkbox"/> Other: _____
<b>Do you require financial assistance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Conditions / Special Support Needs (optional):</b>	

**10. Declaration**

*I confirm that all information provided is true and accurate to the best of my knowledge. I understand that falsified information may result in disqualification or termination of enrolment.*

**SIGNATURE:**

**DATE:**

**For Office Use Only**

<b>Application ID:</b>	
<b>Status:</b>	<input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
<b>Notes:</b>	

