

# STUDENT INFORMATION

## IMPORTANT:

Use only a black pen and bold block letters to complete this document

**THIS FORM MUST BE HANDED IN WITH COPY OF ID. AS WELL AS STUDENT CARD WHEN RECEIVING SAMPLES.**

Name & Surname : \_\_\_\_\_

Date of Birth

Sex:

Campus Address: \_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Urgent Contact Telephone: \_\_\_\_\_

### NEXT OF KIN : -

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Student Nr.: \_\_\_\_\_ Part – time / Full - time \_\_\_\_\_

Diploma (e.g. Marketing Retail or Management) \_\_\_\_\_

Campus: (e.g. Cape Town; Bellville or Mowbray) \_\_\_\_\_

I, \_\_\_\_\_ hereby declare (unconditionally) that I shall keep to the rules of this Sales Project.

ID. or Passport No.:

Copy of I.D.: -

I, hereby state and verify that the above is correct and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_