



Liedani CC trading as

# Synergetica Student Support Centre

PO BOX 15509, Sinoville 0129 • Tel: 082 907 4327/ 012 111 9002 / Fax: 086 632 5232 • [info@synergetica.co.za](mailto:info@synergetica.co.za)

## REGISTRATION FORM

FOR TUTORING SERVICES

TITLE		PREFERRED NAME			
FULL NAMES					
SURNAME					
IDENTITY NUMBER					
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREFERRED LANGUAGE	<input type="checkbox"/> AFRIKAANS <input type="checkbox"/> ENGLISH		
POSTAL ADDRESS					
					CODE
RESIDENTIAL ADDRESS					
					CODE
WORK & POSITION					
WORK TEL			FAX		
CELLPHONE			HOME		
EMAIL					
HIGHEST QUALIFICATION <i>(e.g Grade 12 /BA Degree)</i>					
COURSE YOU WANT TO RECEIVE TUTORING FOR					
PLEASE SUBMIT COPIES OF ID, CERTIFICATES AND PROOF OF PREVIOUS QUALIFICATIONS					



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DECLARATION			
<p>I declare that the information supplied by me is correct and true. I undertake to pay the prescribed fees and take note that the fees are NON-REFUNDABLE.</p>			
Signed		Parent / Guardian	
		Date	
<i>(PERSON RESPONSIBLE FOR ACCOUNT)</i>			
Parent / Guardian NAME & SURNAME			
CONTACT NUMBER		EMAIL	
<i>(PARENT / GUARDIAN MUST SIGN IF UNDER AGE)</i>			
<p>PLEASE CONSULT THE INVOICE FOR FEES PAYABLE EMAIL DEPOSIT SLIP TO: <a href="mailto:info@synergetica.co.za">info@synergetica.co.za</a> OR FAX TO 086 632 5232 PLEASE USE YOUR NAME AND SURNAME AS REFERENCE</p>			
BANK DETAILS	ACC NAME	Liedani CC	
	BANK	FIRST NATIONAL BANK, KOLONNADE	
	BRANCH CODE	251037, CHEQUE	
	ACC NUMBER	620 368 609 73	