

LINGUA INTERNATIONAL TRAINING COLLEGE

Towards Educational Excellence

Reg No: D/2014/0535

Accreditation No: 000003



SHORT COURSE APPLICATION FORM

FOR OFFICE USE ONLY

AMOUNT PAID	
COPY OF ID/PASSPORT	
ID/PASSPORT PHOTO	
COURSE PERIOD	

BANKING DETAILS

PLEASE ATTACH THE ORIGINAL DEPOSIT SLIP TO YOUR APPLICATION FORM

- **BANK:** FIRST NATIONAL BANK (FNB)
- **BRANCH:** SME BUSINESS UNIT
- **BRANCH CODE:** 280172
- **ACCOUNT NAME:** LINGUA CONSULTANCY SERVICES
- **ACCOUNT NUMBER:** 62034752320
- **REFERENCE:** APPLICANT'S FULL NAME

COURSE DETAILS

COURSE NAME:

PERSONAL DETAILS

TITLE: **ID NUMBER**

FIRST NAMES:

SURNAME:

DATE OF BIRTH:

PLACE OF BIRTH:

NATIONALITY:

8058 Schweitzer Str.; Windhoek-West; P.O. BOX 50097; Bachbrecht; Windhoek; Namibia*

Tel: +26461 – 301032* Fax: +26461 – 301033* E-Mail: lingua@iway.na*

Web: www.collegelingua.com

CONTACT DETAILS

RESIDENTIAL ADDRESS:

POSTAL ADDRESS:

TELEPHONE NUMBER:

(H)	<input type="text"/>
(W)	<input type="text"/>
(CELL)	<input type="text"/>

FAX:

EMAIL ADDRESS:

DECLARATION

I _____ hereby declare that I fully understand and accept the conditions as set by International Training College Lingua/ Lingua Consultancy Services. Furthermore, I do understand that no refunds will be done once registration has been made and that I will be fully liable for all fees.

SIGNED THIS _____ DAY OF _____ 20 _____

AT _____

SIGNATURE OF APPLICANT

SIGNATURE OF ADMINISTRATOR
NAME

ADMINISTRATOR'S