

Registration Form				
Name:				
Surname:				
*ID Number:		Gender		
Nationality:		Passport No:		
Race:		Disability: Y N	If yes Specify below:	
Cell :		Fax No:		
Tell Home:		Tell Work:		
*Email:				
Next of kin Relationship:		Cell No:		
<b>Residential Address:</b>		<b>Postal Address:</b>		
<b>CODE</b>		<b>CODE</b>		
<b>Do you need Accommodation? Tick with X</b>	<b>Yes</b>		<b>No</b>	
<b>Please specify type of application. Tick with X</b>	<b>New</b>	<b>Renewal</b>	<b>Refresher</b>	

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