2025 Student Details form

I would like to:

- ☐ Register with the BAAC
- ☐ Enter for an exam (also fill in the Exam Entry Form)
- ☐ Update my contact details
- ☐ Apply for Recognition of Prior Learning

BOOKKEEPING ACADEMY YOUR TRAINING & DEVELOPMENT PARTNER

ACCREDITED BUSINESS

QUALIFICATIONS

☐ I have the current Prospectus (hard copy)
☐ I have the current Prospectus (from website)
☐ I am aware that I can register as a student online via the Student Portal instead of completing this form (www.bookkeeping.org.za)

Learnership (only complete if applicable):

First name(s):

Last name:

Title: Gender:

Date of birth:

ID type: (Tick one)

SA ID ☐ Malawi ☐ Zimbabwe ☐ Namibia ☐ Tanzania ☐ Other ☐

ID number:

Equity (for reporting to the SETAs): (Tick one)

Black - African ☐ Coloured ☐ White ☐ Asian/Indian ☐

Nationality:

Home language:

Citizen residence status: (Tick one)

South African ☐ Resident ☐ Non-resident ☐ Dual (SA & other) ☐

Disability status: (Tick one) Not disabled ☐ Disabled ☐

Socio-economic status: (Tick one) Employe ☐ Unemploye ☐

If employed, which SETA does your employer belong to?

Please let us know where you matriculated:

City Municipality

Area Postal code

Highest education:

Telephone number: (including area code)

Fax number: (including area code)

Cell number:

Email address:

Physical address: **(To receive deliveries during working hours.)**

Postal code:

Geographical area: (state SA province or other)

Country:

Postal address:

Postal code:

Fees:

I have **FULLY COMPLETED THIS FORM** and enclose proof of payment. I hereby make application for registration as a student with the ICB and certify that the particulars given on this form are correct. I undertake, if admitted, to observe the regulations of the Institute. I consent to the ICB using my personal information only to provide services necessary to my studies, including sharing this information with relevant stakeholders/third party bodies such as Fasset and my training provider.

DATE ..... SIGNATURE..... (applicant)

SUBMIT THIS FORM WITH PROOF OF PAYMENT AND A COPY OF YOUR ID DOCUMENT TO:
Whatsapp (060) 705 2488 or Email: apply@bookkeepingacademy.org
If you need to enter for an exam, please submit the Exam Entry form too or distance learning and self-studying/independent students may enter online using the Student Portal.