



**FIQH CLASSES**

DATE: ...../...../2020

**PERSONAL DETAILS:**

SURNAME: ..... MR  MRS  MS   
 FIRST NAME/S.....  
 DATE OF BIRTH..... MARITAL STATUS:.....  
 OCCUPATION: ..... EMPLOYER: .....

**CONTACT DETAILS:**

TEL NO (H) ..... WORK: ..... CELL: .....  
 FAX NO: ..... EMAIL: .....

**RESIDENTIAL ADDRESS:**

**POSTAL ADDRESS:**

.....  
 .....  
 .....

**FEES** (Tick the box)

REGISTRATION R350 (ONCE OFF)   
 ANNUAL FEES R1000 (ONCE OFF)  MONTHLY R100.00   
 NOT ABLE TO PAY  MONTHLY DEBIT ORDER

***Inability to pay Annual Fees will not disqualify anyone from attending the classes.***

How could our office contact you about future programs?

|      |     |     |       |               |
|------|-----|-----|-------|---------------|
| POST | FAX | SMS | EMAIL | TEL (H, W, C) |
|------|-----|-----|-------|---------------|

SIGNATURE: ..... DATE: .....

**OFFICE USE ONLY**

|              |      |    |                 |             |
|--------------|------|----|-----------------|-------------|
| REGISTRATION | PAID |    | PAYMENT OPTIONS |             |
|              | YES  | NO | CASH            | DEBIT ORDER |

**Special circumstances & additional:**

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