



QURAN 101

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:

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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)
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SIGNATURE: DATE:

OFFICE USE ONLY

REGISTRATION	PAID		PAYMENT OPTIONS	
	YES	NO	CASH	DEBIT ORDER

Special circumstances & additional:

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