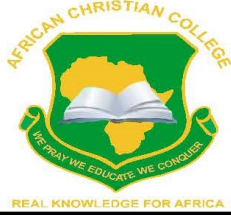


AFRICAN CHRISTIAN COLLEGE



27 G SILUNDIKA AVENUE
3RD FLOOR MORGAN HOUSE
HARARE
CELL: 242254269/0782470745

REGISTRATION FORM

(Please return completed form to the administrator)

A) PERSONAL DETAILS

- i) SURNAME / FAMILY NAME:.....
ii) FIRST NAME (S):.....
iii) MARITAL STATUS:..... iv) GENDER (M/F).....
v) DATE OF BIRTH :.....(vi) NATIONALITY:.....
vii) IDENTITY NUMBER:..... (viii) PASSPORT NUMBER.....
ix) RESIDENTIAL ADDRESS.....
ii) NEXT OF KIN:.....
iii) RELATIONSHIP.....
iv) CELL NUMBER.....
v) ADDRESS:.....
..... E-MAIL.....

B) DETAILS OF THE COURSE APPLIED FOR

- i) NAME OF COURSE.....
ii) EXAM BOARD
iii) MODULES
.....
iv) START DATE:.....

C. CURRENT QUALIFICATIONS

	Institution	Qualifications	Period

D. CURRENT EMPLOYMENT (IF APPLICABLE)

- i) NAME OF ORGANISATION..... ii) POSITION.....
iii) PERIOD

E. PAYMENT PLAN AGREEMENT

STUDENT NAME.....STUDENT NO.....

COURSE:..... TEL/ CELL:.....

This payment plan is made between ACC and the student / sponsor

You and ACC have entered into an agreement pertaining to the tuition fees referenced below and you agree that this payment plan agreement is binding.

1. Future payments will occur on or before of subsequent months
2. Payment may not be skipped or postponed. No student will be allowed to attend classes if fees for the current month are not paid.
3. Payment can be done by cash or via electronic funds transfer into account – Eco cash No. 0773 644 047
4. Full tuition fees repayable including in the month of examination
5. No refund of transfers are acceptable ty the institution
6. ACC reserves the right to take any necessary action to recover its outstanding months in full including engaging any external services such as debt collectors or any means possible, the legal cost incurred to be met by the defaulters.

F. PAYMENT SCHEDULE

Jan	\$.....	Date.....	Sign
Feb	\$.....	Date.....	Sign
Mar	\$.....	Date.....	Sign
Apr	\$.....	Date.....	Sign
May	\$.....	Date.....	Sign
Jun	\$.....	Date.....	Sign
Jul	\$.....	Date.....	Sign
Aug	\$.....	Date.....	Sign
Sept	\$.....	Date.....	Sign
Oct	\$.....	Date.....	Sign
Nov	\$.....	Date.....	Sign
Dec	\$.....	Date.....	Sign

G. PAYMENT PLAN AGREEMENT SIGN OFF

I have read the payment agreement, I understand and accept terms in full:\

Student Signature..... Date.....

Sponsor’s Name:.....

Sponsor’s Tel: Email.....

Sponsor’s Sign..... Date:.....

Principal Sign..... Date:.....

Accepted Not Accepted.....

NB: THIS FORM SHOULD BE ACCOMPANIED BY A \$30.00 REGISTRATION FEE PAYMENT