

IOL ACADEMIC APPLICATION FORM



Education is the greatest equaliser

JAN 2023

Please complete this form in full.

CIF NUMBER FOR STUDENT:	CIF NUMBER FOR PAYER:
-------------------------	-----------------------

IOL STUDENT/PERSONAL DETAILS:		
SURNAME:	FIRST NAME:	INITIALS:
ID NUMBER	POSTAL ADDRESS:	TOWN:
CELL NUMBER:	HOME NUMBER:	OFFICE NUMBER
E-MAIL ADDRESS:	RESIDENTIAL ADDRESS:	

YES, I WILL COLLECT THE STUDY MATERIAL AT THE IOL OFFICE IN:	(NAME OF TOWN)
YES, I WILL COLLECT THE STUDY MATERIAL AT NAMPOST IN:	(NAME OF TOWN)

ARE YOU DISABLED? DESCRIBE:.....

1. WHERE.....(Facebook (fb), Youtube, Radio, News Paper, TV etc)
or
2. from WHOM.....(family member, friend, Trustco, employee IOL student etc)

did you receive NOTICE that IOL is an accredited and registered institution for distance mode studies?

CONTACT DETAILS (cell number) for the person you mentioned in number 2:.....

STUDY BUDDY GROUP:

YES NO MY CONTACT DETAILS CAN BE MADE AVAILABLE TO OTHER STUDENTS

YES NO CONTACT DETAILS OF OTHER CAN BE MADE AVAILABLE TO ME

EMPLOYER:..... ADDRESS:.....

PAY POINT:..... TOWN:.....

NEXT OF KIN/FRIEND (not residing at the same address/must be 18 years or older) CIF NUMBER:.....

TITLE (MR/MS/OTHER):..... SURNAME:..... INITIALS:..... OCCUPATION:.....

DATE OF BIRTH:..... TEL/CELL:..... RESIDENTIAL ADDRESS:.....

EMAIL:..... SPECIFY THE RELATIONSHIP:.....

IOL OFFICE:	WINDHOEK <input type="checkbox"/>	ONGWEDIVA <input type="checkbox"/>		
-------------	-----------------------------------	------------------------------------	--	--

NO CASH SHOULD BE PAID TO ANY IOL or TRUSTCO FINANCE PERSONNEL
(THE RESPONSIBILITY FOR LOST CASH REMAINS THAT OF THE STUDENT)

METHOD OF PAYMENT: (SELECT ONE ONLY)

1. CASH PAYMENT: N\$ BANKING DETAILS:

(Declare the source of the cash) TRUSTCO FINANCE

..... FIRST NATIONAL BANK

ACCOUNT NUMBER: 62122858452

BRANCH CODE: 281872

2. TRUSTCO FINANCE LOAN: N\$

KYC FORMS FOR EITHER CASH PAYMENTS OR TRUSTCO LOANS **MUST** BE ATTACHED TO APPLICATION

IOL WILL NEED A DECLARATION UNDER OATH IF THERE IS A VARIATION OF YOUR ID PARTICULARS REFERRING TO THE ID, SALARY SLIP AND RELEVANT DOCUMENTS

THIS IS A LEGAL AND BINDING CONTRACT BETWEEN THE INSTITUTE FOR OPEN LEARNING AND THE UNDERSIGNED

FOR CASH PAYMENTS...

CANCELLATION OF STUDIES WITHIN ONE MONTH AFTER THE REGISTRATION DATE WILL ALLOW A 100% REFUND

CANCELLATION OF STUDIES WITHIN TWO MONTHS AFTER THE REGISTRATION DATE WILL ALLOW A 50% REFUND

I DECLARE THAT,

- (1) All the particulars furnished by me on this form are true and correct, and I undertake to comply with rules, regulations and decisions of IOL, and any amendments thereto, and have taken note of advice which may be applicable to students in general and/or to the field of study for which I am registered;
- (2) IOL shall be entitled upon notice to the student to provide such equipment or material as it deems necessary in the interest of the student;
- (3.1) In case of the goods being delivered by the Seller to the Purchaser, the address submitted by the Purchaser in this agreement shall be Purchaser;
- (3.2) The Purchaser shall be liable to provide the Seller with written notice to the Seller on changing his/her address for the purposes of delivery;
- (3.4) In the case of delivery by any other means including that of the Purchaser collecting the goods from the Seller's premises, delivery is deemed to have taken place upon the delivery receipt being signed by the Purchaser and the risk of damage to or the loss of the goods shall pass to the Purchaser at the time of delivery;
- (3.5) It is precedent that the Seller shall not be liable for the loss of profits or any damage direct or indirect, consequential or otherwise, sustained by the Purchaser in consequence of deliveries, which may be in any respect incurred, or in consequence of non-delivery or late deliveries due to breakdowns of machines, strikes, labour disputes, wars, riots, civil commotion, delays by manufactures, or in transport accidents, legislation or regulations of any government or other authority, or other causes beyond our control;

PLEASE NOTE!... IT WILL TAKE 10 WORKING DAYS TO FINALISE YOUR REGISTRATION

STUDENT (Signature): DATE:

GUARDIAN (Name & Surname): SIGNATURE: DATE:

MARKETER (Name & Surname): SIGNATURE: DATE:

DIPLOMA IN JUNIOR PRIMARY EDUCATION (DJPE)

YEAR 1:

SEMESTER 1

MY PREFERRED MOTHER TONGUE IS: **(MARK ONLY ONE)**

ENGLISH

AFRIKAANS

OSHIKWANYAMA

SILOZI

OTJIHERERO

OSHINDONGA

KHOEKHOEGOWAB

SEMESTER 2

YEAR 2

SEMESTER 1

SEMESTER 2

YEAR 3

SEMESTER 1

SEMESTER 2

EXAMINATION VENUES:

MWESHIPANDEKA SS

DAVID SHEEHAMA SS

PIONIER BOYS SS

BRENDAN SIMBWAYE PS

NOORDGRENSS

ANGRA PEQUENA SS

FRIDRICH AWASEB SS

PARESS SS

KEETMANSHOOP TRC

OMARURU LIBRARY

REHOBOTH TRC

WALVIS BAY/IOL OFFICE

MARIENTAL PRIVATE SCHOOL

CORNELIUS GOROSEB SS

HAIMBILI HAUFIKU SS

BEN V/D WALT PS

PUTUAVANGA SS

USAKOS SS

HEROES PS

