PROGRAMME IN BUSINESS MANAGEMENT(PBM) APPLICATION FORM

Applications must be accompanied by:

- Proof of highest qualification achieved
- One clear recent passport-size photographs
- A certified copy of your identity document.

We look forward to your participation in our programme.

Application for admission to the Programme in Business Management

Strictly confidential

Please complete in type or print-hand							
STUDY SCHOOL: AFR ENG							
A. Personal information							
Initials and surname						Title	
Names				Nickname			
ID no.]		Date of birth	YY	YYM	M D D
Home address							
					Posta	al code	
Cell no.		Nationalit	у				
E-mail							
Postal address (if different from home address)							
					Posta	al code	
Work address							
					Posta	al code	
Fax no. Area code No.			Tel no.	Area code	No.		
B. Post-school activities				, co			
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Complete in reverse order (starting with the mo			demic work, ii	ncluding qualifications (co	mpulsory i		
University/College/Technikon	Period From	d (Year)	Name	e of Degree/Diploma/Certif	icate	Study co	ompleted No
		10				103	110

C. Employment record

Please record your most recent positions of employment, starting with your present position.

Name of company	Industry	Title or F	locition	Da	ite
Name of company	Industry	Title of F	OSITION	From	То
Controlling company					
Subsidiary/Section					
Nature of business					
. Tutture or austress					
Title position					
The position					
Number of employees					
Trumber of employees					
Number of years in position					
rvamber of years in position					
The Small Business Advisory Bu	reau places great emphasis on t	he condition that participants s	should be able to work in a	small study	aroun This
	h other. To facilitate this process				
responsibilities in your organisa				_	
D. Payment options					
Payment enclosed (Please mark	appropriate box) Cheq	ue Postal order	Fransfer		
Account details	Cheques shoul	d be made out to:	Please fax proof of p	ayment to:	
ABSA Bank	North-West Uni	versity	Fax No. 018 299 1394	ļ	
Account No. 670 642 313	(No cash please		Attention: Elma Senek	cal	
Branch Code 632005					
Ref: SBAB Initials and Surname					
nen san a minans ana san ana					
E. Submit					
E. Jubilit					
Please post your completed a	nnlication form to:				
Admin Officer: Programme in B					
Small Business Advisory Bureau					
Private Bag X6001, NWU					
Internal Box No. 268					
Potchefstroom, 2520					
Signature of candidate		Date Y Y Y	Y M M D D		