

Application for Registration

Procedure for enrolment:

1. The potential student, guardian and/or sponsor is required to complete the application form in full.
2. Upon receipt of application, a student advisor will be in contact with the potential student to discuss the outcomes of the application and the way forward.
3. Should the potential student be accepted and would like to proceed with their registration, an invoice will be provided to the student with the required banking details for payment along with a list of any required documentation deemed necessary to process the registration.
4. To secure enrolment, the registration fee will be required within 48 hours after receipt of invoice.
5. Registrations will only be deemed completed should a student be accepted and the registration fee along with all required documentation have been provided to conclude the process of application.
6. Please note: The Academic Institute of Excellence does not qualify for NSFAS Bursary Funds as we are a Private Higher Education Institute.

1. Applicant Details	
DOB:	12/6/1994
Student Number (returning):	-
First Name:	Saar-rah
Surname:	Daliath
Gender:	Female
Home Language:	English
High School Name:	-
Ethnicity:	Asian
Are You a SA Citizen:	yes
SA Identity number:	1234567891011
Country Name:	-
Passport Number:	-
Do you have any physical disabilities and/or barriers to learning?	no
Should you need assistance due to a physical disability and/or experience barriers to learning, please specify your disability/ies below for review and approval:	-
2. Programme Details	
Intake	2025, intake 1
Programme Name:	Test programme 25 oct
Learning Method:	Full Time, Contact (Hybrid)
Main campus:	Cape Campus
3. Applicant Contact Details	
Address:	Home (Street) Address: - 769 Olieboom Road Postal Zip code - 7750 Delivery Address for study Material - - Postal Zip code - - Cell No: - 0610593118 Additional No: - 0679912979 Email Address: - saarrahd@aie.ac
4. Person Responsible For Account	
Nature Of Sponsor:	Same as applicant
Surname Of Account Payer:	Daliath
First Names Of Account Payer:	Saar-rah
Company Name:	Saar-rah Daliath
Legal Entity Number:	-
Address:	Street Address: - 769 Olieboom Road Postal Zip code - - Postal Address: - 769 Olieboom Road Postal Zip code - 7750 Email Address - saarrahd@aie.ac
Identity/Passport Number:	1234567891011
5. Payment Details	
Payment Details	Full upfront payment
6. Documentation	
Please attach the following <u>certified</u> documentation to this application form: -	
7. Disclaimer	
I Saarrah Daliath hereby confirm that the information supplied is true and correct. Confirmed at AIE on this 25 day of October 2024	
<i>I hereby confirm that I have read and understand the TERMS AND CONDITIONS as set out in the registration form.</i>	
8. Acceptance Of Terms And Conditions	
<h2>Website Terms and Conditions of Use</h2> <h3>1. Agreement to Terms</h3> <p>By accessing this website, you agree to be bound by these Terms and Conditions and comply with all applicable laws and regulations. If you do not agree, please do not use this site.</p> <h3>2. Use License</h3> <p>We grant you a limited license to access the content on this site for personal</p>	