



1. APPLICANT PERSONAL DETAILS		
Title		
Surname		
Name		
Date of birth		
Identity Number		
Race		
Gender		
Home Language		
South African Citizen ( <i>please tick</i> )	Yes	No
Residential Address		
	Postal code	
Postal Address		
Applicant Contact Details	Cell phone Number	
	Email address	
2. PARENT/ GUARDIAN PERSONAL DETAILS		
Relations to applicant		
Title		
Surname		
Name		
Date of birth		
Identity Number		
Residential Address		
	Postal Code	

Parent/ Guardian Occupation		
<b>3. APPLICANT ACADEMIC INFORMATION</b>		
Name of institution		
Level of study		
Student Number		
Field of study		
<b>4. BRIEF MOTIVATION BY THE APPLICANT TO SUPPORT APPLICATION</b>		
<b>5. DECLARATION BY APPLICANT</b>		
I..... (name in full) hereby declare that.		
<p><i>I. the information provided in this application and any attachment in support therefore is to the best of my knowledge true and correct.</i></p> <p><i>II. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification of my application.</i></p>		
Applicant Signature:	Signature:	Date:
<b>6. FOR OFFICE USE ONLY</b>		
<i>(To be completed by the official within the registration assistance committee who receives the application on behalf of the Dr Ruth Segomotsi Mompoti District Municipality)</i>		
Surname & Initials		
	Signature	Date:
<b>7. PLEASE DIRECT YOUR APPLICATION TO:</b>		
<b>THE CHIEF OF STAFF IN THE OFFICE OF THE EXECUTIVE MAYOR.</b>  <b>Dr. Ruth Segomotsi Mompoti District Municipality</b> <b>9 Van Niekerk Street</b> <b>Vryburg</b>	<b>PO BOX 21, VRYBURG, 8601</b>	