

Instructions:

- Complete all fields
- Submit this form with a copy of your ID and your highest qualification to:
E-mail: info@bmtcollege.edu.za OR
Fax: 086 639 4687

FRM 5020_01d^{2017_2}

Debit Order Agreement (JUL - DEC 2017)

Need assistance to complete this form?
Call **011 708 0159** Monday to Friday (08:00 - 16:00)

STUDENT NUMBER	PROGRAMME NAME	
SURNAME	INITIALS	ID NUMBER

DEBIT ORDER PAYMENT SCHEDULE (Please refer to fee schedule for more information)

FULL PAYMENT	PAYMENT PLAN 1	PAYMENT PLAN 2
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Diploma in Business Management (NQF 6)
Diploma in Human Resources Management (NQF 6)

Year 1	☐ R 14,940	☐ R 830 x 18	☐ R 1660 x 9
Year 2	☐ R 13,280	☐ R 830 x 16	☐ R 1660 x 8
Year 3	☐ R 11,620	☐ R 830 x 14	☐ R 1660 x 7

Diploma in Productivity (NQF 5)
Diploma in Human Resources Management (NQF 5)

Year 1	☐ R 13,280	☐ R 830 x 16	☐ R 1660 x 8
Year 2	☐ R 11,620	☐ R 830 x 14	☐ R 1660 x 7

Certificate in Generic Management (NQF 5)

Course Fee	☐ R 13,280	☐ R 830 x 16	☐ R 1660 x 8
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Certificate in Human Resources Management (NQF 4)
Certificate in Business Administration Services (NQF 4)

Course Fee	☐ R 13,280	☐ R 830 x 16	☐ R 1660 x 8
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SHORT COURSES (SCB)

Course Fee	☐ R 5,000	☐ R 625 x 8	☐ R 1250 x 4
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OTHER SCHEDULE

R	(monthly installment) X	(months)	=	R	(total repayment)
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DEBIT ORDER AUTHORISATION

Initials and Surname of Account Holder		Title
Bank Name	Branch Name	
Account Number	Branch Code	
Account Type	Debit Order Date	☐ 15th ☐ 25th ☐ Last working day

Debit Order Agreement

1. I agree that BMT College may start deductions from my account as selected above.
2. I agree that the first deduction will be on the first occurrence of the day selected above. (If the 15th or 25th falls on a weekend, the debit order will be effected on the Friday before the selected date.)
3. I acknowledge that all payment instruction issued by Business Management Training College (Pty) Ltd shall be treated by my abovementioned bank as if the instructions has been issued by me personally.

SIGNATURE

DATE