

# EXEMPTION APPLICATION 2010

## POST OR COURIER ORIGINAL COMPLETED APPLICATIONS TO CAPE TOWN

**HEAD OFFICE CAPE TOWN:** Tel: (021) 673-9100 Fax: (021) 673-9111  
 2<sup>nd</sup> Floor, Sunclare Building, Cnr Dreyer & Protea Roads, Claremont  
 PO Box 44235, Claremont, 7735  
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**JOHANNESBURG:** Tel: (011) 718-4000  
**DURBAN:** Tel: (031) 266-0444

### APPLICATION FOR MODULE EXEMPTION

#### PERSONAL DETAILS

Surname											Gender*								
First names											Race*								
ID or passport											Date of Birth			Home Language*					
E-mail address (Compulsory)											Highest Qualification*								
Phone	(Work) Code & No.					(Home) Code & No.					Cell No. (compulsory)								
	(Fax) Code & No.																		
Full Physical Work Address:										Full Postal Address:									
_____										_____									
_____ Code: _____										_____ Code: _____									

#### IMPORTANT INFORMATION

**PLEASE SELECT THE QUALIFICATION THAT YOU ARE/ WILL BE STUDYING:**

**BANKING QUALIFICATIONS: \***

- |  |  |
|--|--|
| <input type="checkbox"/> Bachelor of Commerce in Banking Management    | <input type="checkbox"/> Certificate in Bank Credit                          |
| <input type="checkbox"/> Certificate in Sales                          | <input type="checkbox"/> National Certificate in Banking: Financial Services |
| <input type="checkbox"/> National Certificate: Banking Services Advice |  |

\* Please note that Higher Diploma in Banking has a separate exemption form.

**INSURANCE QUALIFICATIONS: \***

- |   |  |
|---|--|
| <input type="checkbox"/> Certificate in Financial Planning          | <input type="checkbox"/> Certificate in Financial Products |
| <input type="checkbox"/> National Certificate in Financial Planning |  |

\* Please note that Postgraduate Diploma in Financial Planning has a separate exemption form.

#### EXEMPTION INFORMATION

**QUALIFICATION/MODULES COMPLETED WITH ANOTHER INSTITUTION:**

Name of Institution										
Name of Qualification										
Year Completed										

**PLEASE NOTE: THE FOLLOWING MUST ACCOMPANY THIS APPLICATION FORM!**

1. An **original and certified** copy of the **official** statement of credits/ module results pertaining to this application. (Please note: unofficial documentation will not be accepted.)
2. An outline of the modules completed elsewhere.
3. **R375 exemption fee** per application if completed with another institution (Excluding: IOB, DSBI, MBS or UNISA: Banking).

#### PAYMENT DETAILS

- DIRECT DEPOSIT** (Please use full name as reference and attach proof of deposit with registration form)
  **CREDIT CARD** (Only Visa and MasterCard accepted.)
  **CHEQUE**
- For Direct Deposits, please pay into the following account: Bank: Nedbank. Branch: Business Southern Peninsula. Branch code: 123 209. Account no: 1232 08 13 61

Name of Credit Card Holder: \_\_\_\_\_ Type of Credit Card: \_\_\_\_\_

Credit Card No.											Last 3 digits on reverse of card					
Expiry Date			Budget Months			Amount	R	R	R	R	R	R	C	C	Signature	_____