

## REGISTRATION FORM and CONTRACT

NB. NO ENROLMENT WILL BE ACCEPTED WITHOUT A VALID ID DOCUMENT AND ANY ID SIZE PHOTO

### STUDENT INFORMATION

FULL NAMES AND SURNAMES AS REFLECTED ON THE ID DOCUMENT

SURNAME: \_\_\_\_\_

INITIALS: \_\_\_\_\_

NAME: \_\_\_\_\_

GENDER: ☐ Male ☐ Female

RACE: ☐ African ☐ White ☐ Colored ☐ Indian ☐ Other

IDENTITY NUMBER:             RSA: ☐ YES ☐ NO

MARITAL STATUS: \_\_\_\_\_

HOME LANGUAGE: \_\_\_\_\_

Do you have any disabilities that may require assistance: ☐ YES ☐ NO

Specify Please : ☐ Visually impaired ☐ Hearing impaired ☐ Speech impaired

Learning impaired ☐ Motor impaired ☐ OTHER: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Where did you hear about Lezelle Meyer Academy & Beauty Clinic: \_\_\_\_\_

Why did you choose Lezelle Meyer Academy & Beauty Clinic: \_\_\_\_\_

### CONTACT NUMBERS

Work: (CODE ) \_\_\_\_\_ Home: (CODE ) \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Postal address for all correspondence (including any study material for your own account):**

Postnet to Postnet ☐ Courier Guy (2-5 Days) ☐ Other: ☐ \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Code:

Residential / Physical Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Code:

### PERSON/COMPANY RESPONSIBLE FOR PAYMENT

Name and Surname: \_\_\_\_\_

Company Name: \_\_\_\_\_ VAT No.: \_\_\_\_\_

Work: (CODE ) \_\_\_\_\_ Home: (CODE ) \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Please attach a  
recent ID/Passport  
Photo of yourself

Signed by Student

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Signed : Representative/Owner Lezelle Meyer Academy

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**I hereby want to register for the following Course:**

**Course Name:** \_\_\_\_\_

**Registration fee/deposit:** 50% deposit upon booking, Full amount payable 2 weeks before course commences. .

**Course Duration:** 5 days (Monday to Friday)

**Course Venue:** 165 Fairway Avenue, Clubview, Centurion, Gauteng - Pretoria

**Course Date:** \_\_\_\_\_

**PAYMENT AS FOLLOW:**

- ☐ Full Payment/Once Off: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ 50% Deposit Date: \_\_\_\_\_ Amount: \_\_\_\_\_
- ☐ Balance Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**PAYMENTS ARE TO BE DEPOSITED IN THE FOLLOWING ACCOUNT:**

**Bank:** First National Bank - Eldoraingne  
**Account Name:** Lezelle Meyer  
**Account Type:** Cheque  
**Account No.:** 623 0595 3706  
**Branch Code:** 270524



**Note: Proof of payment is to be attached to this form and emailed to Lezelle Meyer Academy & Beauty Clinic:**

**For Attention:** Marzelle Everton  
**To:** 073 591 3269 or [accounts@lezellemeyer.co.za](mailto:accounts@lezellemeyer.co.za) | [info@lezellemeyer.co.za](mailto:info@lezellemeyer.co.za)

**TERMS AND CONDITIONS:**

1. (1.1) Postage on everything send to or from "Lezelle Meyer Academy" is payable by the student;  
(1.2) The replacement of study materials shall be for the account of the student;  
(1.3) Study material supplied to students may not be passed on or access given to anyone other than the registered student;  
(1.4) Fees charged by "Lezelle Meyer Academy & Beauty Clinic" do not include Registration to any other external bodies;  
(1.5) Fees charged by "Lezelle Meyer Academy & Beauty Clinic" exclude all external exam fees, textbooks, uniforms, etc;  
(1.6) Certificates / Diplomas will only be issued once the student's account has been settled in full and all applicable exams, case studies and test have been completed and passed.
2. I hereby declare that I am legally bound to this contract and that, in the event of limited contractual capacity, the guardian/sponsor is responsible for the repayment of the entire dept with interest. He / She accepts all the terms and condition of the entire agreement.
3. (3.1) I undertake to notify "Lezelle Meyer Academy & Beauty Clinic" in writing of any changes in my contact details, including but not limited to: my business, postal or residential addresses, my home, work or cell phone number(s), and my e-mail address, within 7 (seven) days of such changes.  
(3.2) I choose the address as disclosed herein as my domicillium citandi et excutandi for all purposes arising from this agreement.
4. (4.1) The price payable will be submitted by the method you have indicated on your registration document within 7 days after signing of this document.  
(4.2) No relaxation or indulgence which we may extend to you shall affect our rights under this Agreement;  
(4.3) All liabilities or obligation arising under this Agreement shall be enforceable against you after termination of this agreement;

\_\_\_\_\_  
*Signed by Student*

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*Signed : Representative/Owner Lezelle Meyer Academy*

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5. "Lezelle Meyer Academy & Beauty Clinic", the owner as well as personnel will not be held responsible for any damage or loss of whatever nature, which could suffer at time of lecture attendance, or any outing of the "Lezelle Meyer Academy & Beauty Clinic, or for whatever reason.
6. I agree that should I breach any of the terms of this agreement, then the full balance owing shall immediately become due, and "Lezelle Meyer Academy & Beauty Clinic" shall be entitled to proceed against me for the recovery thereof without further notice. The cost of all letters, telephone calls, tracing fees and other collection costs and charges.
7. I accept that under no circumstances is any fees refundable, and after signing this contract, I will be responsible for the full payment as agreed by contract.
8. I confirm that in the case where I no longer attend lectures and/or no longer continue with the course, my responsibility with regard to the contract price will not be reduced, and that the full contract price will be payable immediately on request.
9. I acknowledge and understand that no alteration or amendment or acknowledged cancellation, except for this acknowledgment will be binding to me and the "Lezelle Meyer Academy & beauty Clinic".
10. I agree to the jurisdiction of the Magistrate's Court for any action or legal action that "Lezelle Meyer Academy & Beauty Clinic" may institute against me with regards to any claim of whatever reason resulting from this agreement
11. If any of the dates / times/ modules of your Module, are registration, are changed by yourself, a fee of R500 will be implied.
12. If you do not complete the course within a 2 year period from commencement of contract, the contract will expire and the full subject (course fees) will be charged for re-registration per subject.

## DECLARATION AND UNDERTAKING

I acknowledge that I have familiarized myself with this contract, the "Lezelle Meyer Academy & Beauty Clinic" Prospectus, Rules and Regulations and relevant documentation and certify that the information given in this contract is accurate and complete in all respects.

- a) We choose our domicilium citandi et executandi as stipulated herein.
- b) In the event of legal action being instituted for the recovery of fees payable in terms of this application you will be liable for the attorney costs.

I hereby accept that I am jointly and severally liable for payment of full contract amount after signing of this registration form.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Co-Signed by 1st Parent/Guardian/Sponsor**  
*(if student is under 21)*

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Co-Signed by Sponsor**

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
*Signed by Student*

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*Signed : Representative/Owner Lezelle Meyer Academy*

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