



## FINANCE INFORMATION REPORT

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Ref 2019/05

### REQUIRED SUPPORTING DOCUMENTS

- |  |  |
|--|--|
| <input type="checkbox"/> 3 Months Bank Statement | <input type="checkbox"/> Copy of ID (Person responsible for the Account) |
| <input type="checkbox"/> Latest Payslip          | <input type="checkbox"/> Signed Conditions of Application (Section D)    |

### SECTION A : LEARNER DETAILS

Surname <input style="width: 90%;" type="text"/>	First Names <input style="width: 90%;" type="text"/>
Initials <input style="width: 90%;" type="text"/>	Gender <input style="width: 45%;" type="text" value="MALE"/> <input style="width: 45%;" type="text" value="FEMALE"/>
ID No <input style="width: 90%;" type="text"/>	Date of Birth <input style="width: 90%;" type="text"/>
Grade <input style="width: 15%;" type="text" value="RR"/> <input style="width: 15%;" type="text" value="R"/> <input style="width: 15%;" type="text" value="1"/> <input style="width: 15%;" type="text" value="2"/> <input style="width: 15%;" type="text" value="3"/> <input style="width: 15%;" type="text" value="4"/> <input style="width: 15%;" type="text" value="5"/> <input style="width: 15%;" type="text" value="6"/> <input style="width: 15%;" type="text" value="7"/> <input style="width: 15%;" type="text" value="8"/> <input style="width: 15%;" type="text" value="9"/> <input style="width: 15%;" type="text" value="10"/> <input style="width: 15%;" type="text" value="11"/> <input style="width: 15%;" type="text" value="12"/>	Enrollment Year <input style="width: 40%;" type="text"/>

### SECTION B : ACCOUNT HOLDER DETAILS

Title <input style="width: 90%;" type="text" value="Mr / Mrs / Ms / Doc / Prof"/>	Residential Address <input style="width: 90%;" type="text"/>
Surname <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
First Names <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Initials <input style="width: 90%;" type="text"/>	Email Address <input style="width: 90%;" type="text"/>
ID No <input style="width: 90%;" type="text"/>	Employer <input style="width: 90%;" type="text"/>
Passport No <input style="width: 90%;" type="text"/>	Employer Address <input style="width: 90%;" type="text"/>
Home Language <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Cell No <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Tel No <input style="width: 90%;" type="text"/>	Employer Tel No <input style="width: 90%;" type="text"/>
Marital Status <input style="width: 90%;" type="text"/>	Employer Fax No <input style="width: 90%;" type="text"/>
Relationship <input style="width: 90%;" type="text" value="Biological / Step / Foster / Ward"/>	Occupation <input style="width: 90%;" type="text"/>
	Monthly Income <input style="width: 90%;" type="text"/>

### SECTION C : DETAILED FINANCIAL INFORMATION INCOME AND EXPENSE REPORT

INCOME	AMOUNT	EXPENSES	AMOUNT
Salary (Father)	R	Rent or Bond	R
Salary (Mother)	R	General Utilities	R
Salary (Other)	R	Food and Groceries	R
Other Income	R	Cellular and Telephone	R
	R	Transportation Costs	R
	R	Healthcare	R
	R	Entertainment	R
	R	Education	R
	R	Other	R
	<b>TOTAL INCOME</b>	R	<b>TOTAL EXPENSES</b>

I, the undersigned, (person responsible for the account)

FULL NAMES & SURNAME \_\_\_\_\_  
 the person responsible for the Account at Two OcLeadership Academy, hereby confirm and verify that the information provided on this application is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICIAL USE ONLY - TO BE COMPLETED DURING INTERVIEW PROCESS**

**SECTION D : DEBIT ORDER INSTRUCTIONS**

BANK ACCOUNT NUMBER	<input type="text"/>
BANK NAME	<input type="text"/>
BRANCH NAME	<input type="text"/>
BRANCH CODE	<input type="text"/>
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRANSMISSION
NAME OF ACCOUNT HOLDER	<input type="text"/>
ID NUMBER	<input type="text"/>
DATE	<input type="text"/>
CONTACT NUMBER	<input type="text"/>
LEADER NAME AND GRADE	<input type="text"/>

Abbreviated Name as Registered with the Bank: 2OCEAN EDU

This signed Authority and Mandate refers to our contract dated (“the Agreement”).  
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on on 1st/15th/25th \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on \_\_\_\_\_

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

**Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

**Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**Assignment**

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted by)

Agreement reference number is \_\_\_\_\_