

KONSERVATORIUM | CONSERVATORY

INSKRYWINGSVORM | APPLICATION FORM

2021

BESONDERHEDE VAN KANDIDAAT / INFORMATION OF CANDIDATE											
Titel / Title				Voorletters / Initials							
Van / Surname				Noemnaam / Name							
Volle Naam / Full Names											
ID nr / ID nr											
Posadres vir korrespondensie / Postal Address for correspondence				Poskode / Postal Code							
Selfoonnommer / Cell phone				E-posadres / E-mail address							
Hoogste kwalifikasie geslaag / Highest practical qualification passed											
Taalvoorkeur op sertifikaat / Language on certificate				Afrikaans				English			
Huidige orrel dosent / Current organ teacher											
Kontaknommer / Contact Number											

Eksamen waarvoor u inskryf / Exam enrolling for (merk met x / mark with x)					
Eerste / First 30 min R470	Tweede / Second 35 min R525	Derde / Third 40 min R575	Vierde / Fourth 50 min R680	Vyfde / Fifth 60 min R890	Sesde / Sixth 75 min R1000
Assessering waarvoor u inskryf / Assessment enrolling for (merk met x / mark with x)					
Eerste / First 30 min R370	Tweede / Second 35 min R425	Derde / Third 40 min R475	Vierde / Fourth 50 min R580	Vyfde / Fifth 60 min R790	Sesde / Sixth 75 min R900
Eksamensessie Exam session	Derde week van Junie Third week of June		Of Or	Eerste week van Desember First week of December	
Eksamensentrum / Examination centre (merk met x / mark with x)					
Bloemfontein		Port Elizabeth		Pretoria	
Stellenbosch					

Let wel: Indien daar 'n minimum van 4 kandidate van 'n dorp/stad inskryf, sal die dorp/stad as sentrum kan registreer. /
Note: If a minimum of 4 candidates enrol in a town/city, the town/city will be able to register as a centre.

Betalings / Payments	Belangrik / Important
Rekeningnaam / Account Holder: SAKOV Bank / Bank: ABSA Takkode / Branch Code: 632 005 Tjekrekeningnommer / Cheque account number: 0290 810 574	Gebruik asb u naam en van as verwysing Please use your name and surname as reference E-pos voltooide inskrywingsvorm en bewys van betaling vier (4) weke voor die eksamen na: info@sakov.co.za E-mail completed entry form with proof of payment four (4) weeks before the examination to: info@sakov.co.za

Naam van kandidaat / Name of candidate Ouer/Voog indien jonger as 18 / Parent/Guardian if younger than	Handtekening van kandidaat / Signature of candidate Ouer/Voog / Parent/Guardian
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KANTOORGEBRUIK / FOR OFFICE USE		
Studentenommer / Student number	K	Lidnommer / Membership number
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>