



South African Institute of Management

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LEARNER INITIAL REGISTRATION FORM

PERSONAL INFORMATION (please print details carefully in capitals)

Title (Mr/Mrs/Ms)	_____
Surname :	_____
First Name/s	_____
Physical Address :	_____
	_____ Code : _____
Postal Address(if different)	_____
	_____ Code : _____
Tel (Home)(_____)	(Work)(_____)
Cell : _____	E Mail address : _____
I.D. No	_____

General Information

Highest level of Education	_____
Indicate your activities in the year preceding this application.	
a) Standard 10	
b) Studying	
c) Working	
d) Other	
Employers Name and address :	_____

Telephone :	_____ E Mail or web _____
Where did you hear about SAIM?	_____

College:	_____
Branch:	_____

Signature : _____

Date : _____

Office Use only:
INITIAL REGISTRATION: R200 ANNUAL SUBSCRIPTION: R475.00 TOTAL: R675.00
Please email/fax through proof of payment or your account will not be credited.
SAIM Student No. _____ Issued _____ Invoice/Cash Paid _____
Data entered by : _____ Date: _____