

Surname :	Dr/Mrs/Miss:
First name:	Date of birth:
Marital status:	ID no:
Spouse's name:	Date of birth:
Residential address:	
Occupation of applicant:	
Name and address of employer:	
E-Mail:	Tel:
EC Number ( For Civil Servants Only):	c/d: Home Tel:

### PAYMENT PLAN

monthly ☐ annually ☐ cash ☐ debit ☐ once off payment ☐

### PAYMENT SCHEMES

Payment Scheme	Amount Per Month	Benefit	Appropriate Scheme
Primary <i>Ecd-grade 7</i>	\$2.00/month	Study visa flight, insurance, bank statement and fees	
Secondary <i>Form 1- 4</i>	\$5.00/month	Study visa flight, insurance, bank statement and fees	
Upper-secondary <i>Form 5-6</i>	\$35.00/month	Study visa flight, insurance, bank statement and fees	
Tertiary-Gap Year <i>University/College</i>	\$70.00/month	Study visa flight, insurance, bank statement and fees	
Post Graduate <i>Further studies (certificates/diploma to better qualifications)</i>	\$105.00/month	Study visa flight, insurance, bank statement and fees	

### NAME YOUR BENEFICIARIES / STUDENTS IF NOT SELF

Surname	First Name	D.O.B	Scheme	Relationship

### Client banking details

Name:.....surname.....initials.....

Name of bank.....branch.....

Account no.....

### Terms and conditions

i.....id number.....

Do hereby certify that the information I have given is true in all respect. I agree that should this application be accepted, the contact between myself and the Trust is strictly governed by the terms and conditions and benefits as amended from time to time by the trust. I authorize deduction from my salary or any account monthly subscriptions due in respect of myself. I have read and understood the rules and conditions that governs my membership. I understand that subscriptions are not refundable if I wish to discontinue. This mandate is to remain in force until cancelled by me in writing giving 30 days' notice. I the undersigned give authority to the trust to arrange with my bank and employer to deduct monies due to the trust on monthly basis. I agree and understand that I have a right to be given benefits. I do hereby given authority to the trust to withdraw monies from the account mentioned above whenever it may be on its debit order system the amount of the subscription, admin fees and levies as may be required. This request is to remain in force until canceled by me in writing. I authorize the trust to increase the amount to be debited from trust account/salary as and when it is applicable. I further authorize the trust to change the currency and amount to be deducted from my account without first obtaining any further authority from me. I do understand and agree that this contract is three year contract.

Signature.....

Date.....