

D'Expert Varsity Institute International

PASSPORT PHOTO OF APPLICANT

JUNE 2025 INTAKE APPLICATION FORM

Application Fees (Non-refundable) Application fees must be paid into			Student Number									
Application fees must be D'Expert bank account.			Academ	ic Year Ap	plied For							
Proof of payment must		_										
• Local N\$100	be attached.											
International N	\$200											
The final form	\$200]										
SECTION 1: PROPOS	ED COURSE OF ST	FUD	Y									
COURSE NAME												
CAMPUS												
MODE OF STUDY	FULL-TIME STUDI	IES		DISTANC	CE LEARNIN	NG		(M	ark v	vith X)	
SECTION 2: APPLICA	ANTE DADTICIH A	DC										
SURNAME	ANTS PARTICULA	KS			- / - / -				/			
FIRST NAMES/S							4					
I.D No.							7					
TITLE	Mr.				Ms.				Oth	er		
						47						
SECTION 3: CONTAC	CT DETAILS			/								
CELL NO.												
EMAIL												
POSTAL												
ADDRESS												
	FO	R O	FFICIA	L USE ON	NLY							
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Accepted			Returne	d				Rej	ecte	d		
Conditions												7
Applicable												

PLEASE NOTE, SCHOOL FEE PAYMENTS ARE DONE STRICTLY BY DEBIT ORDER

SECTION 4: PER	CONAL D	арт	rici	TT A	DC															
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I.D. NUMBER	L																			
PASSPORT NUM	IDED																			
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MARITAL STAT	US																			
HOMETOWN																				
ETHNIC GROUP																				
GENDER																				
For planning purpose	s only.																			
Do you have any		nt or	dis	abili	ity?															
If yes, please spec																				
Do you have spec	ial needs?)																		
If yes, please spec	ify.																			
Do you suffer fro		vous	aff	lictio	on?															
If yes, please spec	ify.		$\overline{\Lambda}$										—							
Do you suffer fro	m any me	ntal	abn	orm	ality	?														
If yes, please spec	ify.																		7	
For statistical purpos	es only.					•														
Are you a memb	er of the C) vahi	imba	ı or	San	indi	igen	ous	gro	up?										
If yes, please attac	h you full	birth	cert	ifica	ite.															
SECTION 5: PAR													N	1						
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SURNAME	un.						-								4					
NAME/S														4						
I.D. NUMBER		7																		
OCCUPATION			7																	-
EMPLOYER																				-
WORK TEL																				
HOME TEL						₹														
ADDRESS							₹													
SECTION 7: SCH LAST SCHOOL A HIGHEST GRAD SUBJECTS	ATTENDE	ED	NG P	PAR	TIC	ULA	ARS	(Ap	plic	ant)	y				5	ti	ti	<u>U</u>	te	3
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SECTION 8: POST-SCHOOL ACADEMIC QUALIFICATIONS

INSTITUTION NAME	
PROGRAMME NAME	
STUDENT NUMBER	
FROM YEAR	TO YEAR
INSTITUTION NAME	
PROGRAMME NAME	
STUDENT NUMBER	
FROM YEAR	TO YEAR

DECLARATION

I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at D'Expert Varsity Institute, shall be subject to the terms and conditions contained in the agreement, which I shall complete, sign and submit at registration

SIGNATURE OF APPLICANT	DATE	
SIGNATURE OF GUARDIAN	DATE	

D'Expert Varsity Institute

Please note, school fee payments are done strictly by debit order. Your bank details will be handled highly confidential. Please complete the Debit Order Authorization Form attached to this application form.

DEBIT ORDER AUTHORIZATION FORM

SECTION 9: PAYEE INFORMATION

Surname	
Full Names	
I.D. Number	
Email	
Mobile	
Work Tell	

PAYEE ACCOUNT DETAIL

Bank Name		
Account Number		
Branch Name	(
Branch Code		
Account Type		

DEBIT ORDER DETAILS

Amount To Be Deducted		
Frequency Of Debit	Monthly	
Start Date		
End Date		
Preferred Debit Dates	1 st	20 th 25 ^t

DEBIT ORDER INSTRUCTIONS

I, the undersigned, hereby authorize D'Expert Varsity Institute, to debit my bank account as per the details provided above.

I understand that this authorization will remain in effect until I provide written notice of cancellation or of any changes to my account.

I acknowledge that I am responsible for ensuring that sufficient funds are available in my account on the scheduled debit dates. If a debit is returned due to insufficient funds, I accept full responsibility for the payment of any fees incurred.

D'Expert Varsity Institute

NAME & SURNAME	
SIGNATURE	
DATE	

COURSES & FEES

FACULTY OF SCIENCE AND TECHNOLOGY

SKILL DEVELOPMENT COURSES

No	Course	Reequipments	Admission	Monthly	Duration	Total
			Fee	Installment		Course Fee
1	Certificate in Hydrogen					
	Production	Grade 10	N\$6,000	N\$3,000	6 Months	N\$21,000
	Technologies					
2	Certificate in Hydrogen					
	Safety, Handling and	Grade 10	N\$6,000	N\$3,000	6 Months	N\$21,000
	Emergency					
3	Certificate in Oil and					
	Gas Production	Grade 10	N\$6,000	N\$3,000	6 Months	N\$21,000
	Technology					
4	Certificate in Health,					
	Safety and Environment	Grade 10	N\$6,000	N\$3,000	6 Months	N\$21,000
	Management.	A				

FACULTY OF COMMERCE AND MANAGEMENT

SKILL DEVELOPMENT COURSES

No	Course	Requirements	Admission	Monthly	Duration	Total
	Ø.		Fee	Installments		Course Fee
1	Certificate in Office					
	Assistant	Grade 9	N\$4,500	N\$1,200	6 Months	N\$10,500
2	Certificate in Business					
	Management	Grade 10	N\$4,500	N\$1,200	6 Months	N\$10,500
3	Certificate in Basic					
	Accounting	Grade 10	N\$4,500	N\$1,200	6 Months	N\$10,500

FACULTY OF EDUCATION

SKILL DEVELOPMENT COURSES & ACADEMIC PROGRAMMES

No	Course	Requirement	Admission Fee	Monthly Installments	Duration	Total Course Fee
1	Certificate in English for Academic Studies	Grade 9	N\$3,500	N\$3,000	3 Months	N\$9,500
2	Certificate in Early Childhood Education	Grade 10	N\$4,500	N\$1,700	1 Year	N\$23,200

FACULTY OF HEALTH SCIENCE

SKILL DEVELOPMENT COURSES & ACADEMIC PROGRAMMES

No	Course	Requirement	Admission	Monthly	Duration	Total
			Fee	Installments		Course Fee
1	Certificate in Health					
	Care Assistant	Grade 9	N\$4,500	N\$1,200	6 Months	N\$10,500
2	Certificate in Auxiliary					
	Nursing	Grade 10	N\$6,900	N\$1,700	1 Year	N\$25,600
	Diploma in Enrolled		1st Year	1st Year		1st Year
3	Nursing & Midwifery	Grade 11	N\$7,900	N\$2,200	2 Years	N\$32,100
	Science	E in English	2nd Year	2nd Year		2nd Year
			N\$8,900	N\$2,700		N\$38,600

D'EXPERT VARSITY INSTITUTE BANK DETAILS

FULL-TIME STUDIES		DISTANCE LEARNING	
BANK NAME	Standard Bank	BANK NAME	Bank Windhoek
ACCOUNT NAME	DExpert Health Care	ACCOUNT NAME	DExpert Health Care
ACCOUNT NUMBER	60003354295	ACCOUNT NUMBER	8010356345
BRANCH CODE	082372	BRANCH CODE	483272
SWIFT CODE	SBNMNANX	SWIFT CODE	BWLINANX



D'Expert Varsity Institute

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PROOF OF SUBMISS	SION	
Applicant Name		
Receptionist Name		Stamp
Date		