

City Changers Equipping Program Contract 2024:

Program Fees:

CCEP (City Changers Equipping Program) R2950.00 fee per year.

Payment Options (Mark applicable choice):

The total fee CCEP will be invoiced in the beginning of the year. Please take note of the cancellation policy below.

- Non-refundable **deposit of R950.00** payable on registration; Settlement of **balance of R2000.00** on or before 1 March 2023.
- Non-refundable **deposit of R950.00** payable on registration; **R2000.00** payable in 8 instalments of R250.00 per month via **Debit Order**. 1st instalment due 2nd March.
- Non-refundable **deposit of R950.00** payable on registration; **R2000.00** payable in 8 instalments of R250.00 per month via **EFT**. 1st instalment due 2nd March.

BANKING DETAILS:

City Changers Institute NPC

Bank: ABSA

Account number: 4085 2657 10

Account type: Cheque

Branch code: 632005

Ref: Student No. + Surname (for deposit, Initial + Surname + Program + Campus, e.g., M Burger CCEP BL)

Withdrawal Policy:

1. An exit interview with Mariska van der Walt and your CCEP Learning Centre Leader is required.
2. The R950.00 deposit is non-refundable.
3. Withdrawal within 1st term: credit for 60% of annual fees less deposit
4. Withdrawal within 2nd term: credit for 40% of annual fees less deposit
5. Withdrawal within 3rd term: credit for 15% of annual fees less deposit
6. If the student wants to repeat the year, the full amount due must be settled in the current year. A fee of R950.00 will be payable for registration cost and a new manual and journal in the year that the student is repeating.

Banking details: City Changers Institute NPC
Bank: ABSA; Account number: 4085265710
Account type: Cheque; Branch code: 632005
Ref: Student Number as per statement

Initial:

Student Declaration:

1. I hereby acknowledge responsibility for the payment of all my City Changers Institute related studies and declare that all information supplied on registration is correct and accurate.
2. I declare that I fully understand the conditions of studies and course fees involved (as set out above).
3. I acknowledge and understand that my personal information will be required for the purposes of payment and invoicing purposes.
4. I agree and give my consent to the City Changers Institute to process my personal information for the purposes relating to the collection of my fees and further agree that the City Changers Institute may share this information for this purpose with companies within its *group, *financial institutions, registered credit providers as well as its service providers.
5. I commit to always conduct myself ethically and will notify my programme leaders as soon as any related challenges should arise (failure to do so will lead to disciplinary steps been taken)
6. I give consent to participating in all City Changers Institute related activities and that neither the City Changers Institute, or any of its staff, or relating individuals can be held accountable for any injury, loss or damage relating to myself or my property.

Person Responsible for Account if not Student (parent / legal guardian / sponsor):

1. I declare that I fully understand the conditions of studies and course fees involved (as set out above).
2. I acknowledge and understand that my personal information will be required for the purposes of payment and invoicing purposes.
3. I agree and give my consent to the City Changers Institute to process my personal information for the purposes relating to the collection of my fees and further agree that the City Changers Institute may share this information for this purpose with companies within its *group, *financial institutions, registered credit providers as well as its service providers.

Student Name

Student Signature

Date:

Parent / Legal Guardian / Sponsor Name

Parent / Legal Guardian / Sponsor Signature

Date:



DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____

Address: _____ Code _____

Contact Details: _____ (Home) _____ (Mobile) _____ (Work)

If Company / CC, Name of Person(s) signing this: _____

Account Holder Name: _____ Bank: _____

Branch / Code: _____ Account Number: _____

Account Type: **CURRENT** ; **SAVINGS** ; **TRANSMISSION** ; **OTHER** If "Other" supply details: _____

COLLECTION INSTRUCTION:

Interval: **Once off** ; **Monthly on the 2nd**

* **Once off transaction:**

Collection date: dd ____ /mm ____ / 20 ____ R ____ . ____ (Amount)

* **Recurring transactions:**

1st Collection date: dd ____ /mm ____ / 20 ____ R ____ . ____ (Amount)

____ (number of deductions)

AGREEMENT:

1. I/We, the above mentioned and undersigned, hereby authorise City Changers Institute (CCI) to collect by debit order from the above-mentioned bank account, all amounts due in terms hereof and to pay same to CCI.
2. (I confirm that I / we are the person(s) with signature authority as registered with my / our bank).
3. I/we agree that the first payment instruction will be issued and delivered as per collection instruction. If, however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I/we agree that the payment instruction may be debited against my/our account on the following or previous business day.
4. I/we acknowledge that all payment instructions issued by CCI shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.
5. I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to CCI.
6. 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.

SIGNED AT: _____ ON THIS _____ DAY OF _____ 20 ____

SIGNATURE (1): _____ SIGNATURE (2): _____

Please forward the signed mandate to finance@cci.ac.za