

PACIFIC TECHNICAL INSTITUTE

"WE ARE THE ANSWER"

Pacific Technical Institute

Enrolment Form

Personal Details	
First Name:	TIN:
Surname:	Birth Certificate No:
Middle Name:	Postal Address:
Date of Birth:	Email Address:
Gender (Male/ Female):	Phone No:
Marital Status:	Province:
Programme of study	Face to face/ Online
Highest Education Level (Year 13, 12, 11, 10	0,
or Primary	
Funding Source (Tick)	Medical Declaration
Full Payment	Please indicate whether you have any medical
	conditions(s) or major illness (es) that will impact on your studies:
Instalments	impact on your studies.
Instalments	impact on your studies.
Instalments	impact on your studies.
Instalments Declaration:	impact on your studies.
Declaration:	
Declaration: I declare to the best of my knowledge that	all the information supplied with this application form is
Declaration: I declare to the best of my knowledge that true and complete in all significant particulars.	all the information supplied with this application form is ars. I understand to comply with the rules and regulation
Declaration: I declare to the best of my knowledge that true and complete in all significant particular of the Pacific Technical and I fully understand	all the information supplied with this application form is
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Please submit completed forms as follows: Either drop them at the main office where you wish to study Or email it to: info@pacifictecinstitute.com

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