



# APPLICATION FORM

## FIRST YEAR "VDL" PROGRAM

**NAME:**..... Mr. Miss. Mrs .....

Residential Address:.....Town:.....

Country:.....

Postal Address:..... Code:.....

Phone No.:(.....)..... Work:(.....).....

Cell:..... E-Mail:.....

### PERSONAL

Gender: Male..... Female .....

Marital Status: single.....married.....separated.....divorced.....widowed...

Date of Birth:.....

Nationality: .....

S.A. ID Number:..... Passport Number .....

Highest School Achievement:.....

Other Qualifications:.....

Present Job Description/ Position:.....

### SPIRITUAL

When did you accept Christ as your personal Saviour? Month.....Year.....

Have you been baptised with the power of the Holy Spirit with the evidence of speaking in other tongues according to Acts2:4 ?..... Month..... Year.....

Do you attend Church Regularly?..... Church Name:.....

Pastor's Name:..... Contact Number:.....  
(Only If applicable)

Name of person Responsible for paying the Bible College Account: .....

Tel. : .....Fax: .....Cell: ..... E-Mail: .....

*I the undersign declare that all the above information is true and to the best of my knowledge, and I accept all the conditions as stated by the VBI.*

Signed ..... Date..... Place.....

### PREFERED METHOD OF PAYMENT

- Per Module **YES/NO R 2000** X 4 Module Payments
- For the all Program upfront payment **YES/NO R 7500** X 1 Yearly Payment

**When making EFT Payments**, use your Student allocated Number (*this number will be forwarded to you, once the Application has been successful*), as reference.

**When using Cash payments**, use your Name or Student allocated Number (*this number will be forwarded to you, once the Application has been successful*), as reference.

**When making Cheque payments**, use your Name or Student allocated Number (*this number will be forwarded to you, once the Application has been successful*), as reference, and all cheques must be made to **Caly Ferreira Ministries**.

*Banking Details will be forward to the student, with the first invoice.*

**I AM APPLYING FOR THE One Year CERTIFICATE PROGRAM.....**

**With intent to do the Two Year Higher Certificate Program .....**

Please fill in the above information and forward this form through to us by post or by fax to **086 511 4840**

Or Post it to:

**Victory Bible Institute**

P.O.Box 2646

Bedfordview

2008

Gauteng

