

# 2021 APPLICATION FORM



FORT COX AGRICULTURE AND FORESTRY TRAINING INSTITUTE  
P.O. BOX 2187, KINGWILLIAMSTOWN, 5600,  
EASTERN CAPE, REPUBLIC OF SOUTH AFRICA  
Tel: 040-653 8033/4 Fax: 040- 653 8036

ID PHOTOGRAPH  
TO AFFIXED  
HERE

**APPLICATIONS ARE OPEN FROM 01 JULY 2021 – 30 NOVEMBER 2021**  
**LATE APPLICATIONS ARE OPEN FROM 01 DECEMBER 2021– 10 DECEMBER 2021**

## APPLICATION FEE:

A non-refundable APPLICATION FEE of R200.00 must be paid for applications submitted within the period of **1 JULY 2021 – 30 NOVEMBER 2021**.

The **LATE APPLICATION FEE** after the closing date is R300.00 and must be paid for applications submitted within the period of **01 DECEMBER 2021– 10 DECEMBER 2021**.

## BANKING DETAILS:

**Please attach the original deposit slip to the application form and keep a copy for future reference.**

ACCOUNT NAME	-	FORT COX COLLEGE OF AGRICULTURE AND FORESTRY
BANK NAME	-	FIRST NATIONAL BANK
BRANCH NAME	-	KING WILLIAMS TOWN
BRANCH CODE	-	210519
ACCOUNT NUMBER	-	62000658049
REFERENCE	-	APPLICANT'S SURNAME AND FULL NAME

## CHECK LIST FOR DOCUMENTS

**Please attach certified copies of the following documents:**

- National Senior Certificate (NSC), National Certificate Vocational (NCV)
- Academic record and certificate of conduct if transferring from another Agricultural college or institution.
- Identity document (Applicant)
- Identity document (Parent)
- A study permit and proof of permanent residency must be submitted by International application.
- SAQA Clearance letter (international qualifications)
- Proof of Address (E.g. Municipal letter Account, Store account letter etc.)


**NB: All applications must sent via post, or emailed no faxed application will be considered. For general enquires please send an email to [admissions@fortcox.ac.za](mailto:admissions@fortcox.ac.za)**

**PLEASE NOTE:** It is the responsibility of the student to make sure that the personal details and contact details are kept up to date, all changes thereof must immediately be reported to the to the Student Bureau office.





# 2021 APPLICATION FORM

<b>FOR OFFICE USE ONLY</b>										
Application fee paid		Student number								
	<b>Option 1</b>	<b>Signature</b>	<b>Date</b>	<b>Option 2</b>	<b>Signature</b>	<b>Date</b>	<b>Date processed and signature</b>			
<b>Admitted</b>										
<b>Provisionally admitted</b>										
<b>Waitlisted</b>										
<b>Rejected</b>										

**PLEASE NOTE:** It is the responsibility of the student to make sure that the personal details and contact details are kept up to date, all changes thereof must immediately be reported to the to the Student Bureau office.



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FIRST APPLICATION:	<b>YES</b>	<b>NO</b>	STUDENT NUMBER:	2	0								
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**PERSONAL INFORMATION**

TITLE	<b>Mr</b>	INITIALS:			SURNAME:										
	<b>Miss</b>	FULL NAME (s) :	1												
	<b>Mrs</b>		2												
NICKNAME:															
RELIGION:					RACE :										
MARITAL STATUS:					GENDER:	<b>MALE</b>		<b>FEMALE</b>							
ID NUMBER:													TEL NO:		
DATE OF BIRTH	Y	Y	Y	Y	M	M	D	D	CELL No:						
EMAIL:															
ADDRESS:															
	CODE :														

**PARENTS INFORMATION**

FATHER'S DETAILS				MOTHER'S DETAILS			
INITIAL & SURNAME:				INITIAL & SURNAME:			
OCCUPATION:				OCCUPATION:			
EMPLOYERS NAME:				EMPLOYERS NAME:			
TEL. NO:				TEL. NO:			
ADDRESS:							
	CODE:						
PARENT'S E-MAIL ADDRESS:							

**GUARDIAN / SPONSOR'S INFORMATION**

SURNAME:				NAMES IN FULL:			
OCCUPATION:				EMPLOYERS NAME:			
TEL. No (HOME):				CELL No:			
ADDRESS:							
							Postal code:
E-MAIL ADDRESS:							

**COURSE INFORMATION**

QUALIFICATION ADMITTED FOR:							
<b>CROP PRODUCTION</b>		<b>FORESTRY</b>		<b>ANIMAL PRODUCTION</b>		<b>AGRI - BUSINESS</b>	

**GENERAL INFORMATION**

**MEDICAL INFORMATION:**

MEDICAL AID					MEDICAL NO		
ANY ALLERGIES:	<b>YES</b>		<b>N O</b>		IF YES, SPECIFY:		
ANY ILLNESS:	<b>YES</b>		<b>N O</b>		IF YES, SPECIFY:		
In case of emergency, do you / your parent / guardian give permission to receive medical attention?							
Any dietary needs:							
SIGNATURE OF APPLICANT						DATE:	
SIGNATURE OF PARENT/GUARDIAN/SPONSOR:						DATE:	
SIGNATURE OF HOSTEL SUPERINTENDENT / MATRON:						DATE:	

**FOR OFFICE USE ONLY**

Receipt no.		Student number								
Signature of hostel attendant		Application fee paid (tick ✓)		Official stamp						
Signature of Bursary Officer		Room no.								
<p><b>PLEASE PRINT. USE A PEN WITH BLACK INK. Please mark relevant blocks with 'X'. bold fields are compulsory.</b></p>										