



P . A . B
Professional Accreditation Body
Tel: 012 685 7101 Fax: 012 685 7102

Provider: _____

Class list for 2009
1st years

	Name & Surname:	ID No:	Course Enrolled	Full time	Part Time	Copy of ID	PAB Student num:
1							
2							
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Please take note:

1 All first year registration forms must have a copy of students ID



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	Name & Surname:	ID No:	Course Enrolled	Full time	Part Time	Copy of ID	PAB Student num:
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