

STUDENTS DETAILS						
NAMES:						
SURNAME:						
CELLPHONE NUMBER:						
IDENTITY NUMBER:						
EMAIL ADDRESS:						
RESIDENTIAL ADDRESS:						
POSTAL CODE:						
HOME LANGUAGE:						
SCHOOL (currently attending)						
GRADE:						
GRADE 11 RESULTS:		MARK	LEVEL			
UNIVERSITY OF INTEREST:	CHOICE 1:	CHOICE 2:	CHOICE 3:	CHOICE 4:		
COURSES OF INTEREST:	CHOICE 1:	CHOICE 2:	CHOICE 3:	CHOICE 4:		

COLLEGE OF INTEREST:	CHOICE 1:	CHOICE 2:	CHOICE 3:	CHOICE 4:		
COURSES OF INTEREST:	CHOICE 1:	CHOICE 2:	CHOICE 3:	CHOICE 4:		
GURDIAN/PARENT DETAILS						
NAMES:						
SURNAME:						
IDENTITY NUMBER:						
EMAIL ADDRESS:						
RESIDENTIAL ADDRESS:						
CELLPHONE NUMBER:						

Submission

Email: info.aaf@octoberoctopus.co.za

Deadline: 30 April 2022

Dear Valued Learner

In keeping with the requirements of POPIA we wish to notify you that by filling out this form we will have your information on record (as defined in POPIA). We collect and process your information in order to provide you with our services (Which include Applying for you at Higher Institutions of Education and Funding Institutions). We use your information in conducting business with you and higher Institutions for Admission and Funding purposes only (As explained by Sections 19 to 26 of the POPIA Act). No personal information of yours is shared with third parties unless required by law, business processing or statutory purposes.

We take every reasonable precaution to protect your personal information (including information about your activities) from theft, unauthorized access, and disruption of services.