

**Culinary Art Institute of Africa  
C.A.I.A**

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Suite 202, Top Floor, The Clock Tower Centre, V&A Waterfront , Cape Town, 8001  
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**APPLICATION**

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone and Fax numbers: \_\_\_\_\_

I.D Number / Passport No: \_\_\_\_\_

Citizenship: \_\_\_\_\_

I wish to apply for the complete course and I understand the conditions set out by C.A.I.A. and accept them unconditionally.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

If under 21 years of age OR if another party is responsible for the payment of your fees, the signature of such a party is required indicating acceptance of responsibility for full payment of fees within 30 days from the date of any account issued to such a party.

Signature and ID Number: \_\_\_\_\_

Full Name and Surname: \_\_\_\_\_

Address: \_\_\_\_\_

code: \_\_\_\_\_

**In the case of a mother married in community of property, the above must be signed by the father of the applicant.**