Name:			Surname:				
Date of Birth:			Place of Birth:				
Marital	Single	Divorce	Married:	Windows:	Engaged:		
Status		AL		0 1			
Passport/ID N	umber:	Nationality:		Gender:			
Home Address:							
Postal Address:							
Home Telephone:			Cell Number:				
E-Mail Address:			Home Language:				
Denominational Affiliation in the past five years:							
Your present denomination:							
Are you in full membership? If not, explain. Use a separate paper for that if the space provided is not enough.							
Have you been subject to any disciplinary action in your denomination? YES/NO If your answer is "Yes", please explain. Use a separate paper for that if the space provided for is not enough							
Is any court action being taken against you? YES/NO If your answer is "Yes", please explain. Use a separate paper for that if the space provided for is not enough							
Do you smoke, take alcohol or drugs? YES/NO If your answer is "Yes", please explain. Use a separate paper for that if the space provided for is not enough							
Are you taking any treatment for health reasons? YES/NO If your answer is "Yes", please explain. Use a separate paper for that if the space provided for is not enough.							
Highest Standard/Grade/Form passed: Please send certified copies. Do not send originals.							
Name and address of your last employer or school:							

Professional institute or training ex	kperience you hav	e:					
Mark study programme of your	Diploma/Licentia	ate in	Certificate in Bible and Theology				
choice with an X	Ministerial Theo	logy					
Who will pay for your fees?							
A letter of undertaking from the person, organization or church that will pay your fees should be							
submitted with your application form.							
Name of your Pastor/Local church leader:							
Address of your Pastor/Local church leader:							
Should I be accepted at Phumelela Bible College, I agree to honour all its rules and regulations and to							
participate in all its activities							
Signature:	Date:	Date:					
Signature of Witness:	Date:	Date:					
This application form should be ac	•						
 A recommendation letter from your pastor/local church leader/denominational leader 							
 A letter from the person, organization or church paying your fees 							
 Two passport-sized photographs of yourself (please write your name at the back of the photos) 							
 Certified copies of your highest standard/Grade/Form passed 							
 Your non-refundable registration fee 							
Your personal testimony							
Direct your enquiries at:							
 Mobile: +27(0) 82 707 215 	50	Our bank details are as follows: Standard Bank					
Fax: +27(0) 86 245 6747		White River, Cheque Account, A/C number 030371236					
E-mail address: pbcr@webmail.co.za							