

ED-U-COLLEGE WITBANK

REFERENCE FORM FOR SELF-EMPLOYED ACCOUNT HOLDERS

This referral form must be completed by three (3) parties that can confirm he primary guardian's financial good-standing.

Personal Information				
Full Name:				
Email Address:				
Phone Number:				
Business Informa	ntion			
Business Name:				
Type of Business:				
Business Reg. No.:				
Business Address:				

References

Please provide the names and contact information of at least three references who can confirm your financial good standing. References may include accountants, financial advisors, or other professionals who are familiar with your business finances.

Relationship to Applicant: Email Address: Phone Number: Relationship to Applicant: Email Address: Phone Number: 3. Name: Relationship to Applicant: Email Address: Phone Number: Authorization By submitting this form, I authorize the above-named references to provide in about me and my business with them to Ed-U-College Witbank for the pverifying my financial good standing. I understand that this information may connection with my account application.	1.	Name:		
Phone Number: 2. Name: Relationship to Applicant: Email Address: Phone Number: 3. Name: Relationship to Applicant: Email Address: Phone Number: Authorization By submitting this form, I authorize the above-named references to provide in about me and my business with them to Ed-U-College Witbank for the preverifying my financial good standing. I understand that this information may connection with my account application.		Relationship to Applicant:		
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Signature: Date:	By s abo veri	out me and my business with them rifying my financial good standing. I u	to Ed-U-College Witbank for the purpose on the number of the following that this information may be used in	
	Sign	gnature:	Date:	