NEW EDGE TRAINING INSTITUTE
+264 816113220
admin@netinam.com
P.O Box 98119 Pelican Square
Windhoek, Namibia
2998 Johann Albrecht Street,
Windhoek North

Application Form for January 2026

NB. All information supplied will be treated as confidential. NO APPLICATION FEE IS REQUIRED. *USE BLOCK LETTERS TO COMPLETE THIS FORM.* Where applicable, put an **X.** **This application is not binding on either the applicant or the Institute.**

Section A: Personal Details

Please state your names as they appear in your National Identity/Passport.

Title:	**Mr.**		**Ms.**		**Other**		**Gender:**	**M**		**F**		**Other**
Surname:									Initials:			
Maiden Name/s: (If Applicable)												
First Name/s in full:												
ID /Passport Number							Date of Birth:					
Email Address:							Tel. NO. Or Cell Phone:					
Postal or Residential Address:												
Region				Town				Home Languag e				
For Planning Purposes and For The Institute To Fully Prepare For You												
Do you have any physical impairment/s or disability?	Yes		No		Any Comments:							
If "YES" please specify and attach relevant	Specify your condition:											

documentation/s specifying your condition.					
Based on your condition, do you have any special needs?	Yes		No		State the Needs:
If "YES", please briefly state your additional special needs based upon the indicated impairment or disability. You can attach a separate sheet if need be.					
Please indicate who will be responsible for payment of your fees.					

Section B: Details of Next of Kin

Family relationship with the person whose particulars are supplied. (Please put an X where applicable)

Father	Mother		Spouse/Partner		Other
Title:	Mr.	Mrs.	Ms.	Other (specify)	
Surname:					Initials:
First Name/s (in full):					
I/D/Passport Number:					
Physical Address (Next of Kin)					
Email Address:					
Telephone Number:			Cellphone Phone:		
Occupation:					
Employer's Address:					

Section C: Details on the Expected Qualification

(Please indicate your 1st and or 2nd choice of programme in the blank boxes)

Diploma in Accounting (DACC05)						**1st**		**2nd**	
Diploma in Business Management and Marketing (DBMA05)						**1st**		**2nd**	
Preferred Entry Point, put an X	Normal Entry		Mature Age Entry		Other (Specify)				

Please indicate below your Choice of Mode of Study by an X	
Part Time	
Full Time	
Online or Virtual/Distance	

Section D: Details Regarding Academic Qualifications

Previous/Current Tertiary Studies (Degrees/Diplomas Only)

Qualification Name (Degree or Diploma Name)	
Name of Tertiary Institution	

High School Attended

Name of School Attended			
Examination Board			
Year in which you graduated		Current Grade	

Please list, in the table below, all your High School subjects (e.g. Mathematics, English), the level in which you graduated, e.g. NSSCO/H /NSSCAS/IGCSE, (O' Level or A-Level) and the symbol (e.g. A, B, C or 1, 2, 3):

Subject Name	Level (NSSCO/H /NSSCAS/IGCSE)	Grade or Symbol
1.		
2.		
3.		
4.		
5.		
6.		
7.		

PLEASE NOTE

1. Enclose all supporting documentation with this application (all certificates must be certified by a recognized authority). Please submit **Certified True Copies** and **NOT ORIGNAL CERTIFICATES.**
2. The completed application form remains the property of the New Edge Training Institute. Submitted documentation will NOT be returned.
3. Please note that incomplete documentation may delay the application process and or may cause the application to be rejected.

CONTACT DETAILS

Please submit your fully completed Application Form to;
New Edge Training Institute.
P. O Box 98119, Pelican Square, Windhoek, Namibia, **or**
Erf 2998 Johann Albrecht Street, Windhoek North, Windhoek, Namibia, **or**
Email; ***admin@netinam.com*** **or Call** (+264) 816 113 220.

DECLARATION

I hereby declare that all the information and particulars given in this application form are true and correct. I fully understand that if any information provided in this form is found to be incorrect and misleading, my application may be rejected or I may face legal action. I further declare that my enrolment as a student at New Edge Training Institute shall be subject to the terms and conditions contained in the agreement, which I shall complete, sign and submit at registration.

Signed on this _____ day of ___/____/20____, at _____

Full Names: _____ Signature_____