



QCTO ACCREDITATION NO
09-QCTO/SDP 170225175822

APPLICATION FORM 2025

PART A: STUDENT DETAILS					
First names				Gender	
Surname					
ID/Passport No.			Cell		
E mail					
Residential Address					
Postal Address					
Province			Home language		
Highest Education Level					
Current Occupation					
Health Status	Good		Medical Condition		
Person responsible for payment					

PART B: ADDRESS: PARENT/GUARDIAN/NEXT OF KIN			
First names		Gender	
Surname			
ID/Passport No.		Cell	
E mail			
Residential Address			
Postal Address			
Occupation			

PART C: ACADEMIC PARTICULARS									
Please select the course you want to enroll									
Course	SAQA ID	NQF Level	Duration	Training fees	Please mark with an X				
Livestock Farmer (Livestock Farm Supervisor)	99253	3	1 Year	R 36 300.00					
Landscape Gardener (Landscaping Supervisor)	98892	3	1 Year	R 36 300.00					
Short Courses Duration -5 days R 7 500.00	Broiler Production		Layer Production		Plant Production		Piggery		Small Stock

PART D: PAYMENT PLAN					
Course	Duration	Registration fee	Training Down Payment	Monthly fees	Total training fee
Livestock Farmer	1 Year	R 1 000.00	R 10 000.00	R 2 300.00	R 36 300.00

Landscape Gardener	1 Year	R 1 000.00	R 10 000.00	R 2 300.00	R 36 300.00
Short Courses	5 Days	R 7 500.00	0	0	R 7 500.00

PART E: TERMS AND CONDITIONS

To become a student at LIMPOPO COLLEGE OF AGRICULTURE the following admission procedures must be followed:

1. Complete the application form
2. Pay **R300.00** (Non-Refundable) application fee
3. Application fee should be deposited in the following Bank Account:

Bank: CAPITEC BUSINESS
Account name: LIMPOPO COLLEGE OF AGRICULTURE (PTY) LTD
Account number: 1052406386
Branch name: Relationship Suite
Branch code: 450105
Type of account: Current account
Reference: Applicant's Name & Surname
4. Deposit slip must be attached to the returned application form as proof of payment
5. The following documents should be attached and returned with the application form:
 - i) Certified copy of Applicant
 - ii) Certified copy of parent/ guardian
 - iii) ID photo (color)
 - iv) Certified copy of highest qualification
6. If application is successful, Pay **R 1 000.00** Registration fee (Non-refundable)

PART F: INDEMNITY

I, the undersigned _____ (Full name of

student),

1. *Hereby acknowledge and declare that the information provided is true and correct to the best of my knowledge. Should I, while attending at LIMPOPO COLLEGE OF AGRICULTURE, whether during or in the course of training sustain bodily injury or loss of life in what so ever circumstance, the COLLEGE shall not be liable to me, my assigns, my heirs, my dependents.*
2. *Agree to be solely liable for full fees due to LIMPOPO COLLEGE OF AGRICULTURE if accepted*
3. *Agree that failure to attend training will not reduce my liability for the full tuition fees for the training*

APPLICANT:_____ DATE:_____

PARENT/ GUARDIAN:_____ DATE:_____

WITNESS 1:_____ DATE_____

WITNESS 2:_____ DATE_____

LIMPOPO COLLEGE OF AGRICULTURE

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🌐 www.limpopocollegeofagriculture.co.za

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