

ENROLMENT FORM

NAME _____

ID. NO. _____

TELEPHONE NOS
HOME _____

WORK _____

MOBILE _____

PHYSICAL ADDRESS _____

E-MAIL: _____

FAX: _____



IPCI

**ISLAMIC PROPAGATION
CENTRE INTERNATIONAL**

4th FLOOR 1.P.C.I. CENTRE
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PHONE 031 3060026