

APPLICATION FOR ADMISSION

2026 INTAKE

APPLICATION NUMBER

Examination

Mar/Apr

Jul/Aug

Nov/Dec

Erf 1957, Bahnhof Street, Windhoek Po Box 70366, Khomasdal, Windhoek,
Tel: +264 81 627 7111, Website: www.kestechtraining.com

INSTRUCTIONS:

1. Fully complete the form in black/blue ink.
2. **An application fee of N\$ 100.00 non-refundable.** Attach the proof of payment or a deposit slip with this application. Our banking details: **Kestech Training Centre, FNB, Account number: 62270258249, Branch Code: 282672**
3. Applications can be submitted at **KESTECH Training Centre** or mailed to: **admissions@kestechtraining.com, P.O. Box 70366, Khomasdal, Windhoek**

Passport Photo

APPLICANT'S PARTICULARS | Mark Appropriate Box with an 'X'

Gender:	Male	Female	Marital Status:	Married	Single
Surname:			First Name(s):		
Date of Birth:			Identity Number:		
Residential (Home) Address:					
Region:			Postal Address:		
Contact Details:			Email Address:		

MINIMUM ADMISSION REQUIREMENTS

- o N4 candidates must have N3 or *Completed grade 11/12*
- Please keep in mind that the November/ December 2026 Examination will be the last chance for the N4 candidates to write/ re-write their examination!**
- o N5 candidates must have N4
 - o N6 candidates must have N5
 - o ID/Passport of the applicant
 - o Birth Certificate of the applicant
 - o Proof of parents/Guardian income responsible for payments
 - o Passport photo
 - o Confirmation letter of the Employer responsible for payments

FIELD OF STUDY

Course (Tick)	National Certificate	N4	N5	N6	Installation Rules	Paper 1	Paper 2
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EDUCATIONAL DETAILS

School Name:	Year of Examination:
Highest Grade Passed:	Previous Student No.
Higher Institution Attended:	Year:
Qualification Obtained:	

SUBJECTS TO BE TAKEN													
(maximum 4 on fulltime and maximum of 2 on part time basis)													
Subjects				N Level		Examination Date							
1													
2													
3													
4													
5													
6													
EMPLOYMENT DETAILS (If applicable)													
Name of Employer:													
Employer Address:													
Region:					Phone no:								
Position Held:						Duration:							
Email Address:													
MEANS OF PAYMENT Mark Appropriate Box with an 'X'													
Private:	Yes	No	Company:	Yes	No	Other:							
HEALTH PARTICULARS													
Do you suffer from any chronic disease(s)?				Yes		No							
If yes, Please Specify:													
Do you have any disability?				Yes		No							
If yes, state the nature of your Disability:													
Do you have any special need/s?				Yes		No							
If yes, please specify:													
PERSONAL PROTECTIVE EQUIPMENT													
Trousers Size:				Overall Size:				Shirt Size:					
Shoes Size:													
DECLARATION													
I hereby declare that all supporting documents attached to this application are authentic, accurate, and valid. I understand that the submission of any false, misleading, or fraudulent information or documentation may result in the disqualification of my application.													
Applicant's Signature: Date:/...../.....													
FOR OFFICE USE ONLY													
Payments Method:		EFT/Bank Transfer		Yes		No		Card Payment		Yes		No	
Receipt Number:						Cash Slip no:							
Status of the Application:				Admitted				Not Admitted					
Reason(s):.....													
APPLICATION FOR ADMISSION													