



the training school
course registration form



tel:(011) 442-5136 ~ fax: (011) 447-2494 |po box 52216 saxonwold, 2132 | contact: pam

Vat Reg: 4460189907 | Co Reg:

your company name

ACCOUNTS DETAILS

Contact name _____

Company VAT _____

Billing Address _____

Your ORDER No. _____

City/Code _____

Accounts email _____

Fax no: _____

Telephone no: _____

CANCELLATION POLICY: Please be aware - that by completing this Registration Document you have committed to attend the course on these dates or as agreed and confirmed by us in the COURSE CONFIRMATION. In the event of these dates being cancelled or rescheduled within 5 working days of the start of the course, the full course fee is payable.

Select the course you would like to attend.

Course Dates _____

Course Fee ex vat per candidate

Authorisation

NAME: OF AUTHORISING PERSON

Course Fee inc vat per candidate

SIGNATURE OR SUPPLY ORDER NUMBER ABOVE

CANDIDATE 1

CANDIDATE 1 EMAIL

CANDIDATE 2

CANDIDATE 2 EMAIL

CANDIDATE 3

CANDIDATE 3 EMAIL

CANDIDATE 4

CANDIDATE 4 EMAIL

CANDIDATE 5

CANDIDATE 5 EMAIL

PAYMENT

Cheque (Payable to "Hencetrade 195 (Pty) Ltd.")

Transfer (Payable to "Hencetrade 195 (Pty) Ltd.")

OUR BANKING DETAILS

BANK: STANDARD

BRANCH: ROSEBANK

BRANCH CODE: 00-43-05

ACCOUNT NUMBER: 002018144

Please fax the deposit slip through to us at

(011) 447-2494