The Central Chamber of PIFSA

TT BLOCK ENROLMENT FORM

Please mark the relevant TT Module

☐ TT1 ☐ TT2 ☐ TT3

Course Commencement Date _____

COMPANY DETAILS

Company Name _____

Contact Person _____

Company VAT Reg. No _____

Company Order No _____

Telephone No _____ Fax No _____

Postal Address _____

_____

_____ Postal Code _____

Email Address: _____

PAYMENT DETAILS

Payment of the Course fees will be by:

☐ Cheque (No: _____) ☐ EFT/direct deposit ***Please select an option***

Please fax proof of payment to 011 699 3032 OR 086 508 1350

TERMS AND CONDITIONS

I, _____ being the delegate / employer of the afore-mentioned learner(s) take full responsibility for the payment of any tuition fees, which accrue, from any training rendered to the above learner(s).

_____ Signature of Employer

Company Stamp *(If applicable)*

DELEGATES DETAILS

(Please attach a copy of each delegate ID)

NB: PLEASE ENSURE THAT THE CANDIDATE(S) **TRADE** IS FILLED IN.

Surname	Initials	ID Number
Trade & specific division in which learner is indentured:		

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Please attach a copy of the candidate(s) Identity Document (ID) to this registration form