Enrolment Form



Certain learner information is required to enable CE at UP to report on learner achievements to the authorities as required. We appreciate your assistance in ensuring that our records are complete. Return to Fax: +27 (0) 12 362 5285 or Mail to CE at UP (Pty) Ltd, Private Bag x 41, Hatfield, 0028

COURSE NAME:														
COURSE DATE:														=
				TO										
YOUR DETAILS								Г	\neg		١		011	
Surname					Tit		IV	liss L	M	S	Mr	Ш	Oth	ier
Full Names					Ini	tials					1			
Preferred First Name					Ge	ender		Ma	ale	L		Fen	nale	
Identity Number "If SA citizen, fill in your ID number, otherwise your Passport number					La	inguage		En	glish			Afri	kaan	s
YOUR CONTACT DETAILS				I I a mana Andriana a di			,							
Postal Address				Home Address (I	Vot a	box numb	oer)							
		Code								Code				
Work Phone +				Home Phone	+			- [
Fax Number +	<u> </u>			Cellular Phone	+			j- [
Email Address														
YOUR QUALIFICATIONS														
Highest Academic Qualification					Yea	r Comple	eted							
Institution					Stud	dent Nun	nber	Ī	ī	ΠĪ				
Professional Association/Body					Men	nber of T	UKS	— Alumı	ni		es			
Name of Association					Reg	istration	Numb	er		Пr				
YOUR EMPLOYER/OCCUPATION	N DETAI	LS												
Company/Institution Name														
Occupation/Job Description														
Postal Address				Department										
				Building	Ī									$\overline{}$
				Room/Office	Ī									
		Code		Personnel Numb	er									$\overline{\Box}$
Primary Industry of Employment	(Tick one o													
Agriculture, Forestry, Fishing, Huntin			s - Hospitality			En	ngineeri	ng Mai	nufact	uring				
Mining			s - Repair/Maintenance)			ealth &							
Construction Manufacturing	L		s - Social s - Other Specify:			La	overnm	ent/Pul	olic Ac	ministi	ation			
Wholesale & Retail Trade	L						ort							
Finance, Insurance		Commu				IT								
Real Estate Services - Entertainment		Education Enginee	on ring Service				ansport :her	ation						
Secondary Nature of Business														
Please specify field of interest														
i lease specify field of filterest			in future with re							_				



*This section is not necessary for delegates enrolled for UP Priority courses.

PAYMENT DETAILS

Of the person/company (or representative), responsible for payment IF NOT PAID BY THE DELEGATE. After completion of this section, an official order must accompany this registration, failing which, application will not be accepted.

	SIBLE FOR ACCOUNT								
Institution Name									
Contact Person	Position								
*I/We hereby consent to the enrolment and hold myself/o	delegate's ourselves liable for the full payment of fees should the delagate be admitted.								
Work Phone +	- Fax Number + -								
Email Address									
Signature: _	Date: //								
CREDIT CARD INFORM	ATION FOR PAYMENT BY CREDIT CARD								
Debit my:	VISA MASTER OTHER								
with the amount of:	Amount in words R,								
Credit Card Number									
Card Expiry date:	Month Year Last 3 digits on back of card								
	Straight Budget (Months)								
CARD HOLDER DETAIL	.s								
Title Initia	s Surname								
Identity Number *If SA citizen, fill in your ID number, otherwise your Passport number	Tel Number								
I herewith accept person the conditions of entry as	al responsibility and liability for the payment, should the payment be returned by the bank. I have read and agree to stated in this document.								
Signature:	Date: //								
VOLID NEVT OF KIN (A)									
TOUR NEXT OF KIN (//o	ot living at the same address)								
Surname	Title: Miss Ms Mr Other								
Surname Full names	Title: Miss Ms Mr Other Initials								
Full names Preferred Firstname	Initials								
Full names Preferred Firstname Work Phone +	Initials Relation								
Full names Preferred Firstname	Initials Relation Home Address (Not a box number)								
Full names Preferred Firstname Work Phone + Home Phone + Cellular Phone + Ihereby confirm that the i	Initials Relation Home Address (Not a box number) -								
Full names Preferred Firstname Work Phone + Home Phone + Cellular Phone + Ihereby confirm that the interior enrollment form. I accept processing signature:	Initials Relation Home Address (Not a box number) - Code Information supplied on this form are correct and that I have read and agree to the conditions stipulated on this ersonal responsibility for payment of the relevant fees as and when required.								
Full names Preferred Firstname Work Phone + Home Phone + Cellular Phone + Interest Confirm that the interest form. I accept programme Signature: CONDITIONS Headings are for convenience of conditions	Initials Relation Home Address (Not a box number) - Code Information supplied on this form are correct and that I have read and agree to the conditions stipulated on this ersonal responsibility for payment of the relevant fees as and when required. Date: / Month / Day PENALTY, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the full fees. SUBSTITUTES will be								
Full names Preferred Firstname Work Phone + Home Phone + Cellular Phone + Interest Conditions Headings are for convenience of conditions AMENDMENTS Unforeseen circumstances may those advertised. Event date(s) REGISTRATION Proof of registration and accept The number of seats on each everye basis.	Initials Relation Responsibility for payment of the relevant fees as and when required. Responsibility for payment of the relevant fees as and when required. Date: Month Day Responsibility for payment of the relevant fees as and when required. PENALTY, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the full fees. SUBSTITUTES will be accepted. PAYMENT OF FEES Not applicable for UP Priority courses. Course fees must be paid IN FULL before dat of commencement. NO cash will be accepted at Registration on the date of commencement. On the date of commencement and proof of payment, must reflect the payment REFERENCE as indicates as indicates Relation Rela								
Full names Preferred Firstname Work Phone + Home Phone + Cellular Phone + Interest Conditions Headings are for convenience of conditions AMENDMENTS Unforeseen circumstances may those advertised. Event date(s) REGISTRATION Proof of registration and accept The number of seats on each every basis. CANCELLATIONS CE at UP reserves the right to company the conditions Cancellations CE at UP reserves the right to company the conditions Cancellations CE at UP reserves the right to company the conditions	Initials Relation Home Address (Not a box number) - Code Information supplied on this form are correct and that I have read and agree to the conditions stipulated on this ersonal responsibility for payment of the relevant fees as and when required. Date: // Month Day PENALTY, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the full fees. SUBSTITUTES will be accepted. PAYMENT OF FEES Not applicable for UP Priority courses. Course fees must be paid IN FULL before dat of commencement. NO cash will be accepted at Registration on the date of commencement. NO cash will be accepted at Registration on the date of commencement. NO cash will be accepted at Registration on the date of commencement. NO cash will be accepted at Registration on the date of commencement. The fees will be accepted at Registration on the date of commencement. NO cash will be accepted at Registration on the date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. NO cash will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the fees. NON-ARRIVALS will be liable for payment of the fees. NON-ARRIVALS will be accepted. PAYMENT OF FEES Not applicable for UP Priority courses. Course fees must be paid IN FULL before date of commencement. NO cash will be accepted at Registration on the date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement. Delegates cancelling less than 14 DAYS prior t								



Bank	ABSA	Account Number	405 086	2993	Type of account		
Branch	Hatfield	Branch Code	33 - 5	5 - 45	Current		
Reference N	lumber	Please fill in you surname, initials and telephone number.					

