Payment Form

TO REGISTER FOR ALL COURSES PHOTOCOPY AND COMPLETE THIS FORM.
YOUR BOOKING WILL BE ACKNOWLEDGED IN WRITING.

Part 1

Please print clearly – in BLOCK LETTERS

Contact Name . . . . . Position . . . . . .
(Course booking confirmation and Invoice will be sent to this person)

Company Name . . . . . Membership Number Only if applicable . . . . . .

Postal Address . . . . . .

. . . . . Postcode . . . . . .

Telephone . . . . . Fax . . . . . .

E-mail . . . . . Mobile . . . . . .

Part 2

The following conditions apply:

- Payment is required with registration prior to the commencement date of the course
- Cancellations or transfers must be in writing at least (7) days prior to the commencement date of the course
- Cancellations or transfers within (7) days of the commencement date of the course will not be refunded
- A substitute delegate may be nominated at any time
- Courses may be cancelled by Employers First™ if there are insufficient registrations
- If a course participant misses any day of a course the day may be made up at a later course at a pro-rata course fee.

A refund will not be issued for:
- A change in work hours or work commitments
- Inconvenience of travel to the course
- Non attendance at the course
- Leaving the course early or not finishing the course

We cannot accept any responsibility for any changes in personal circumstances or work commitments.

I have read and agree to the above conditions of registration

…… (Sign)

…… (Print Name)

Part 3

Course Name	Booking Code	Date	Participants Name	Position	Fee

Computer Courses – If you are booking a computer course, what version are you using . . . . . .

Certificate Level Courses – If you are booking this course as part of a Certificate Level Course, which Certificate Course are you doing? . . . . . .

Part 4

Please tick (✓) method of payment - 1, 2 or 3

1. ☐ Electronic Transfer into account - Account no. 906045311, Bank: ABSA Bank, Branch 323235

2. ☐ Please debit my ☐Bankcard ☐Visa ☐Diners ☐Mastercard ☐Amex (Amex 3 or 4 digit code required) ☐☐☐☐

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date Of Card ……/……../

Cardholder's Name……Cardholder's Signature……

3. ☐ Please Invoice

Part 5

Return this form with payment to

Skills for Business Development, Inc.
(E) chantelle@skillsforbusinessdevelopment.org
(F) 086 600 3124

Have you visited our website for other courses and training programmes?
www.skillsforbusinessdevelopment.org

PRIVACY POLICY: The information collected on the registration form is for the purpose of processing your registration for the course, keeping you informed of services we offer and to assist us to improve services we provide to you. The information collected is confidential and is not released to a third party.