Empowerment through Knowledge

t: +27 12 653 1005 **f:** +27 12 653 1287 **e:** training@securitywarehouse.co.za **w:** www.cctvtraining.co.za

ENROLMENT FORM

COMPANY DETAILS	
Company Name:	
Nature of Business:	
Physical Address:	
Code:	
Postal Address:	
Code:	
Telephone:	
Fax:	
Email:	
Web:	

CONTACT DETAILS		CONTACT PERSON FOR INVOICING	
Contact Person:		Contact Person:	
Position:		Position:	
Cell:		Tell:	
Email:		Email:	

DETAILS OF ATTENDING DELEGATES

Course Name	Course Date	Name	ID no.

Terms & Conditions:

1. Payment of fees are to be made 2 weeks prior to the course.
2. Once enrolment form and proof of payment is received, bookings are regarded as confirmed.
3. If the course is not held for any reason, it is SCW's liability to refund the full course fee or to reschedule for another suitable date.
4. SCW might postpone a course if there is not enough delegates. The delegate will be notified per email and or telephone.
5. Delegate substitutions may be made at any time prior to the start of a training course.
6. If a delegate missed a day during a course and wishes to re-attend that day / days at a later stage, a re-attendance fee will be levied on a pro-rata basis.
7. Should a delegate need to do a re-write of an exam, a fee of R200.00 per re-exam will be levied.
8. Course fees include catering, refreshments, and all course materials. If any delegate has a food allergies it should be noted clearly on this form.
9. SCW reserves the right to refuse a delegate admission to a course due to inappropriate behaviour. Written notification will be given in the event of expulsion.

Please Note: A 30 % penalty will be levied if a delegate cancels less than 2 days prior to the course. A 50 % penalty will be levied if a delegate does not show up for the course, but makes a booking for the same course again. A 100 % penalty will be levied if a delegate does not show up for the course, and would not like to make a booking for the same course again.

Bank Details:

Security Warehouse Training Academy Pty (Ltd)
Standard Bank, Centurion
Account Number: 018395201
Branch Code: 012 645
Savings Account

Booking Confirmation:

Please fax the enrolment form and proof of payment to +12 653 1287

Name: _____ **Designation:** _____

Signature: _____ **Date:** _____