

## COURSE DETAILS

Course Name:

Course ID:  Course Venue:

Course Dates:  To:  Course Duration:  days

Number of Delegates:

\*Please Complete the "Delegate Information Form" for each delegate that will attend the course upon confirmation of booking.

\*Please provide physical address of venue if "Own Site" was chosen

Venue Address:

Code:

## ORGANISATION/COMPANY DETAILS

Trading Name:

VAT Number:  Registration No:  /  /

Address:

Code:

Contact Person:

Occupation:  Contact No:

## PERSON RESPONSIBLE FOR PAYMENT

Name:

Surname:

Email:

Position:

Cell Phone:  Work Telephone:

If applicable, payment for the courses to be made to the Business Bank account of Welltec Academy (PTY) Ltd which are the following:

Account Type: **Platinum Business Account**  
 Account Number: **62875936068**  
 Bank Name: **First National Bank**  
 Swift Code: **FIRZAJJ**  
 Branch Code: **252445**  
 Branch Name: **Menlyn Maine**

## DISCLOSURE

I \_\_\_\_\_, representative of Organisation/Company \_\_\_\_\_, hereby acknowledge that I have read, and do hereby accept the attached Affiliate Program Terms and Conditions

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date