

Transformer Design and Manufacturing - Enrolment Form								
Please retu	ırn your comp	oleted registr	ation form to	o fax: 086 524 6	5239 or email: pwm.1	training@sgb-smit.group		
Date:					Reference Code:	SAIEE 2414 RV2		
Price:	On Request				, , , , , , , , , , , , , , , , , , , ,			
Delegate Details								
Title:								
Name:								
Surname:								
Job Occupa								
ID Number	:				I			
Email:			T 1	ler - de - o	Mobile:	011 (-1		
Special Dietary Requirements: Halaal			Halaal	Kosher	Vegetarian	Other (please specify)		
Company and Payment Details								
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Purchase Order:								
Landline:					Fax:			
Billing Add	ress:							
VAT No:	_							
Main Conta								
Telephone:					Fax:			
Email:								
Banking Details								
Bank:	Nedbank	Account Nar	me:	SGB-SMIT POV	VER MATLA (Pty) Ltd			
Account Number:		1454010363		Branch:	CCS Johannesburg	Branch Code:	145405	
Reference:		Company Na	ame - Transfo	ormer Training	and Date			
I,, have authorisation to approve this training and have read and understood the terms and conditions stated below.								
Signature	Canditiana							
Terms and Conditions								
	All registrations will be deemed confirmed and subject to these terms and conditions. All registrations availables VAT							
	All pricing excludes VAT. A full refund is available for cappellations received in writing at least 15 working days' prior to course commencement.							
	A full refund is available for cancellations received in writing at least 15 working days' prior to course commencement The course fee is per-refundable if less than 15 working days' notice of cancellation is given.							
-	The course fee is non-refundable if less than 15 working days' notice of cancellation is given.							
l			_	-		nsufficent enrolments or to c ase send the payment advice		

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