



SBS is a division of Saber Solutions (Pty) Ltd – (2002/011855/07)

021-9113992

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In terms of SETA accreditation, Saber is required to submit statistical reports of delegates attending. Please complete the following demographic and current skills level information to ensure that our training meets the needs of all our attendees

Course Name							
Course Date				Venue	Cnr. Mc Guinness St & Frans Conradie, De Tjiger		
Food Preferences / Allergies /Special Needs	meals only for corporate training or unless indicated						
Company Name				Company VAT No			
Title			Initials				
First Name							
Surname							
ID Number							
Date of Birth	D	D	M	M	Y	Y	Y
Gender	Male	Female	Equity				
Nationality				Citizen Resident Status			
Socio Economic Status	Employed	Unemployed	Disability Status				
Home Language				Geographical Area (province)			
Work No			Mobile No			Fax No	
Postal Address							
E-Mail Address							
Payment Method	Cash	EFT	Credit Card	Monthly Instalments - NB: T&C's apply			
Preferred Communication Method	Fax	E-mail	Highest Education				

Direct Deposit for R_____ (Attach a copy of deposit slip or electronic transfer) Account Details: ACCOUNT SABER SOLUTIONS (PTY) LTD BANK STANDARD BANK BRANCH PAROW - CAPE TOWN BRANCH NUMBER 31110 ACCOUNT NUMBER 07 269 934 5 <i>SBS is a division of Saber Solutions (Pty) Ltd – (2002/011855/07)</i>	Training Times: Training is presented from 09h00 – 16h00. Registrations at 08h30. Time may be adjusted according to the delegate / class pace. Meal Requirements: Kindly notify the Training Department 72 hours before the course commencement date for any dietary preferences i.e. vegetarian, halaal, kosher etc.
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Seats are allocated on a first-come-first-served basis and are secured on receipt of payment and booking forms only.
 Payment / deposit is required when submitting this booking form.
 NO CANCELLATIONS WILL BE ACCEPTED, THE FULL TRAINING FEE WILL BE CHARGED – although substitutions may be made.
 Saber reserves the right to cancel any training should there be an insufficient number of delegates booked.

I hereby agree to the above terms and conditions.

Applicant's Signature: _____ Date: ____/____/____

Please complete and return with proof of payment to info@saber.edu.za