



In terms of our SETA accreditation, Saber is required to submit statistical reports with regard to the delegates that attend training. **Please complete the following demographic and current skills level information.** These statistics ensure that Saber 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 specifically indicated							
Company Name				Company VAT No				
Title			Initials					
First Name								
Surname								
ID Number								
Date of Birth	D	D	M	M	Y	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

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

**Training Times:**

Training is presented from 09h00 – 16h00. Registrations at 08h30. Time may be adjusted according to the delegate / class pace.

**Meal Requirements:**

Should you have any dietary preferences i.e. vegetarian, halaal, kosher etc. please notify the Training Department before the course commencement date.

- 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 Software 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 [saberonline@telkomsa.net](mailto:saberonline@telkomsa.net)