



| Booking Form | | | | | | | | | |
|---|--|-----------|---|-----------|------------------|-----------------|-------|---|--|
| Order Number: | | | | | | Course date: | | | |
| Course Name: | | | | | | | | | |
| <i>Please complete this document and email back to info@bevshort.co.za at least 3 days before commencement of training</i> | | | | | | | | | |
| Details of Candidate | | | | | | | | | |
| Please complete all required fields clearly | | | | | | | | | |
| Surname | Full Name/s | | | | | | | | |
| ID Number | African | Coloured | Indian | Asian | White | Gender | M | F | |
| | Home Language | | English | Afrikaans | Zulu | Xhosa | Sotho | | |
| | | | Other: | | | | | | |
| Co Physical Address | Tel No. + Dial Code (031) | | Bev Short Training Consultants (Pty) Ltd Banking Details NEDBANK Bluff Branch Acc. No: 1103330209 Branch Code:198765 | | | | | | |
| | Fax No. + Dial Code (031) | | | | | | | | |
| Co Postal Address | Cell Number | | | | | | | | |
| | Cost Center Number <i>(if applicable)</i> | | | | | | | | |
| E-mail Address: | | | Contact Person | | | Employee Number | | | |
| <u>Company VAT Registration Number</u> | | | <u>Do you have any special needs which need to be accommodated for?</u> | | | | | | |
| <i>Please note meals are optional and provided at an additional cost of R50.00 per person. Please indicate if a meal is required, and if there are any special dietary requirements!</i> | | | | | | | | | |
| Meal Required | YES | NO | Note any special dietary requirement | | | | | | |
| Complete this booking form in full (please print clearly) | | | | | | | | | |
| Name of Person booking this training: _____ <i>(Please Print)</i> | | | | | Signature: _____ | | | | |
| Date: _____ | | | | | | | | | |
| Full charge applies to non-attendees **ALL LEARNERS MUST BRING TWO CERTIFIED ID COPIES REQUIRED FOR CERTIFICATION** | | | | | | | | | |

| | | | | | |
|------|---|--------------|----------|--|--|
| Doc: | | Author: | BG Short | | |
| Rev: | 1 | Approved By: | | | |