

# APPLICATION FOR ENROLMENT

To: INDUSTRIAL TRAINING & QUALITY ASSURANCE

PO Box 27211, Sunnyside, PRETORIA, 0132.

Tel +27 (012) 344-0934 Fax +27 (012) 343-4797

e-mail: [itqa@mweb.co.za](mailto:itqa@mweb.co.za)

TRAINING COURSE \_\_\_\_\_

DATES SCHEDULED \_\_\_\_\_

PARTICULARS OF CANDIDATES NOMINATED:

Surname	Full Names	ID No	Cell No/ Direct Work No

Company \_\_\_\_\_

Postal Address \_\_\_\_\_

Code/Country \_\_\_\_\_

Co VAT Reg No \_\_\_\_\_

Co Reg No \_\_\_\_\_

Tel/Fax/e-mail \_\_\_\_\_

Application Submitted by: \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Co Order No \_\_\_\_\_

Course Fee  
(VATincl) \_\_\_\_\_

Signature of Approval \_\_\_\_\_

Name of Person and Contact Tel/Cell No  
(Please write clearly for confirmation purposes)

**(Invoice No's must be used as reference when Electronic payments are processed).**

**BANK DETAILS:**

Bank : ABSA  
Account : Industrial Training & Quality Ass (Pty) Ltd  
Branch Code : 632-005  
Account No : 00-1016-5903