

Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			
Cell			
Fax			

E-mail:

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Highest scholastic qualifications:

School:
Grade:

Highest tertiary qualifications:

Institution:
Qualification:
Institution:
Qualification:
Institution:
Qualification:

In case of applicant being a minor:

Information of guardian:

Surname:

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Full name:

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Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			
Cell			
Fax			

E-mail:

I will attend the training at(date):

Payment details

Method of payment:

	Cash	Internet transfer	Date
Deposit			
2 nd payment			
3 rd payment			

Details of person responsible for payment:

Surname:

Full name:

Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			

Cell			
Fax			

E-mail:

Please note:

Our bank details are:

Nedbank

Branch code: 158550

Account number: 1134890257

Fax proof of payment of registration fee to 0865765599.

I, the undersigned, confirm that all information supplied above is true and correct.

I, undertake to comply with the requirements as set out by Helios Training Centre.

.....
Applicants signature

.....
Date

.....
Guardian (minors)

.....
Date