FAIR FEE MINING SKILLS TRAINING C/O FHL TRADING CC T/A STERNBERG



A Fair Fee Driving School Advisory Group will use the information you provide on this form to review your application. This information may also be used for course administration and for the purpose set out at the end of this form.

Fair Fee Driving School Course Application Form

COMPANY REG NO: 2013/174180/07

P O BOX 56, WATER MALL RUSTENBURG NORTH WEST 0323

TEL: 014 592 2828 FAX: 014 592 2828 CELL: +27 731 807 316

CELL: +27 731 807 316							
	APPLICAN	T INFORMATION					
I would like to apply for:							
Course Name							
Course Location							
	YOUR	DETAILS					
First Name							
Surname							
Preferred Name							
Gender	Male	1	Female				
ID Number	I		l				
	EMER	RGENCY CONTACT					
Name of a relative not residing with you:							
Address:				Phone:			
City:		State:					
Relationship:							
SPOUSE INFORMATION							
Name:							
Date of birth:				Phone:			
		PANY INFORMAT					
Preferred Contact Details	Work		Home				
Organisation Name							
Position / Job Title							
Work Address							
Work Telephone							
Work Fax							
Work Email							
Mobile							

FAIR FEE MINING SKILLS TRAINING C/O FHL TRADING CC T/A STERNBERG Home Address Home Telephone Home Email **ENROLMENT POLICIES AND PROCEDURES COMPANIES* STUDENTS** Enrolment forms must be completed and returned before course can begin. Full payment must be confirmed before course can commence No refunds (In case of refunds a 30% handling fee will apply) Students are expected to attend a minimum of 70% of classes otherwise they will be asked to repeat the course at their own cost If the company is paying for the course, the HR Dept. or the Manager in charge of the student will be notified accordingly Training will be conducted at your own risk. Under no circumstances will courses be charged after commencement (Signature)..... I want you to send my contact details to the labour brokers to yes no Enable me to get a job (Print full names and surname) have read and understand the above terms and conditions and will adhere by them. COMPLETE IF COMPANY APPROVED I,

Student Name	Approved By:
	(Print Initials and Surname)
And we	(print position)
The sponsoring Company (where applicable)	Invoice for the attention of:
Here by agrees to be jointly and severally liable for the total fee. I/ We further agree that failure to attend lectures will not	invoice for the attention of.
deduct my/ our responsibility for the fees for the full course.	
Cancellations within 10 working days prior to course	Signature:
commencement ate will incur a cancellation fee to the value of	
50% of course fee.	Company Stamp:
Student Signature:	
- Constant of the constant of	
Date:	

BANK DETAILS:

ACCOUNT NAME: Fair Fee Training & Projects

ACCOUNT NUMBER: 62440641985
BRANCH NAME: BIBLIO PLAZA

BRANCH CODE: 260546

BANK NAME: FIRST NATIONAL BANK (FNB)

COUNTREY: SOUTH AFRICA

EMAIL ADDRESS: fairfeedrivngschool@gmail.com

SWIFT CODE:firnzajj