



APPLICANT INFORMATION:

Please note all fields are mandatory

Date of Application _____

Last name _____

First Name(s) _____

ID number _____ **Date of Birth** _____ **Age** _____

Home Contact number _____ **Cell Number(s)** _____ 1 _____ 2 _____

Email Address _____

Street Address _____

City _____ **Province** _____ **Code** _____

Marital Status Single Married

Race African Coloured Indian White

Other _____ **Gender** Male Female

How did you hear about us Newspaper website Friend LinkedIn Facebook

EDUCATION:

Please complete as much information as possible

Secondary School Name _____ **Year :** _____

English % _____ % **Aggregate %** _____

Maths Literacy % _____ % **Certificates Attached**

Computer Literacy % _____ %

Tertiary Education Institute Name _____ **Year :** _____

Qualification _____

Tertiary Education Institute Name _____ **Year :** _____

Qualification _____

Tertiary Education Institute Name _____ **Year :** _____

Qualification _____

COURSE DETAILS:

Please note all our lecture & course material are in English

Qualification Name _____

Qualification Code _____

Dates _____

Course Dates _____

COMPANY DETAILS:

Please complete if you are currently employed & the company is funding the course
Invoice & Statement will be sent via email to accounts person specified below

Company Name _____

Address _____

Contact Number _____

Email Address _____

Designation (Job Title) _____

Manager's Name _____

Date of employment _____

Company VAT Number _____

Accounts Person Name _____ **Accounts Person Contact no** _____

Company Order Number _____ **Authorised Signature** _____



TERMS AND CONDITIONS, CANCELLATION/NON ATTENDENCE AND STUDENT INDEMNITY:

All cancellations must be forwarded in writing to KPI
 In the event of cancellation, a 50% payment is required
 Should student be unable to attend the course due to company constraints, the course may be reschedule at the convenience of the company and KPI.
 KPI Reserves the right to withdraw or reschedule training
 The student is required to present a certified copy of their ID at commencement of the course
 Certification will only be finalised upon
 Completion of the POE
 Payment has been received
 In accepting this order and confirming the booking, we hereby indemnify KPI, its affiliated companies, directors, shareholders, agents (whether authorised or not), employees, servants, representatives and officers for any claim that may arise against KPI for any loss, damage (including direct, indirect and consequential damages and/or loss of profits), costs (including legal costs on the scale as between attorney and client and any additional legal costs), expenses and/or liability (whether actual, contingent or otherwise) of whatever nature and however arising or caused (including liability in terms of section 60 and 61 of the Consumer Protection Act, 68 of 2008), which KPI or any third party may suffer, incur or sustain or which may arise, directly or indirectly as a result of the personal injury or death of our employees and/or representatives whilst they undertake training presented by KPI

I _____ ID _____ have read the above terms and conditions and state that all the above information is true and correct.

Signature

Date:

PAYMENT METHOD:

Please note payment in full is required at least a week prior to commencement of training

Payment can be made into the below account

Account Name	KPI Consulting
Bank Name	FNB
Branch Code	62575770518
Account Number	255355
Deposit Reference	Please use your invoice number as the reference

For office use ONLY:

Facebook Page Liked:

Facebook Page Shared:

Secondary Verification:

Tertiary Verification:

English:

Criteria Met:

Comments: