

Title:	Mr	Mrs	Ms	Dr	Surname:	First names:	
Name called by:					Student number (if you already have one):		
Programme for which application is made: <i>(Please specify EXACT programme name and starting dates)</i>							
Identity no / Passport no:			Nationality:		Gender:	Male	Female
Please attach copy of ID (RSA resident) or Passport (Outside RSA)			Home language:	English	Afrikaans	Other (mention):	
Date of Birth:			Tel (work):		Fax (work):		
Cell:			E-mail:				
Postal address:							
Special dietary requirements:	None	Vegetarian	Halaal	Diabetic	Other (please specify)		
Who will be responsible for payment?	Employer	Employer and self		Self			
Name of employer:							
Employer's physical address:							
Employer's postal address:							
Information about academic and other qualifications (e.g. certificates achieved):							
Institution		Other qualifications		Major(s)		Year achieved	
Work experience (starting with current position)		Current		Previous 1		Previous 2	
Industry (e.g. Agriculture)							
Job title (e.g. Accountant)							
Department/Division (e.g. Production)							
Working period (from start to finish)							
How did you find out about this programme at USB-Executive Development:							
<p><b><u>IMPORTANT: PLEASE SEE CANCELLATION AND PAYMENT POLICY</u></b></p> <p><b><u>CANCELLATIONS:</u></b>          It is of utmost importance that USB-ED be formally notified of any cancellation 14 days prior to the commencement date of the programme.          A cancellation fee of 10% will be payable for cancellation fewer than 14 days prior to the commencement of the programme.</p> <p>USB-ED reserves the right to cancel or postpone programmes.</p> <p><b><u>PAYMENT:</u></b>          Should your company be liable for the programme fees, please provide us with written confirmation on a company letterhead, signed by your training/financial officer whichever is applicable.</p> <p><b>We need the following information:</b></p> <ul style="list-style-type: none"> <li>• Company full name</li> <li>• Company vat number</li> <li>• Company registration number</li> <li>• Company physical and postal address</li> <li>• Company contact and fax number</li> <li>• Email address of the department liable for payment</li> </ul> <p>A clear copy of your id document/passport must accompany this registration form.</p> <p><b><u>Please note:</u></b>          Registration forms without supporting documentation as per the above requirements will not be accepted.          Payment must be done no later than two weeks prior to commencement of programme.          Registration on programme subject to approval.</p>							
I hereby acknowledge acceptance of the cancellation and payment policy set out above							
Signature of applicant: _____ Date: _____							