## **Credit Blende Training Pty Ltd Registration Form**

Email: cbt.accounting@linknet.co.za

Telephone: 011 450 3914/44



5 Skeen Boulevard, Bedfordview, Block A, First Floor

Registration Number: 2010/022820/07

All classes are online

 $Website: \underline{www.creditblendetraining.co.za}\\$ 

	<u>Learner Details</u>
Last Name:	First Name:
ID Number:(Ple	ease attach a copy)
Preferred Email address for exams:	
Telephone: (W)	
Cell Number:	
Preferred delivery address for manual:	
Physical Address:	
Signature:	Date:
	Company Details
Company Name:	Company Address:
Vat Registration Number:	
Telephone:	Email Address:
Person Responsible for payment:	
Signature:	Date:
Employer Responsible for payment  ICM Fees included  ICM Fees not included	Learner Responsible for payment Payment Plan
Terms and conditions:	
signing and submitting this registration form, the signatory of the star	ted person/company is subject to the following terms and conditions:
1. Your booking is confirmed upon receipt of your signed registration	on form received by email whereby payment must be received before course date commences.
2. Cancellations must be received in writing by the company/ priva	te learner 7 days before course date.
3. Transfers to alternate courses or date must be received in writin	g 7 days before course date commences.
4. Credit Blende Training Pty Ltd reserves the right to change dates	, content, trainer's or correspondence of its courses at any time.
5. All parties hereby nominate the address provided herein as thei	r legally nominated physical address.
6. The learner and company acknowledge and agree to be bound by	by the terms and conditions set out herein.
7. All classes are online.	
ignature:	Date:

## Credit Blende Training Banking Details:

First National Bank Eastgate
Account Number: 622 9374 6213

Branch Code: 257705