Enrolment Form

CE at UP
www.ceatup.com • tel 012 420 5015

Certain learner information is required to enable CE at UP to report on learner achievements to the authorities as required. We appreciate your assistance in ensuring that our records are complete.
Return to Fax: +27 (0)12 362 5285 or Mail to CE at UP (Pty) Ltd, Private Bag x 41, Hatfield, 0028

COURSE NAME:
COURSE DATE: TO

YOUR DETAILS

Surname
Title Miss ☐ Ms ☐ Mr ☐ Other ☐
Full Names
Initials
Preferred First Name
Gender Male ☐ Female ☐
Identity Number
If SA citizen, fill in your ID number, otherwise your Passport number
Language English ☐ Afrikaans ☐

YOUR CONTACT DETAILS

Postal Address
Code
Home Address *(Not a box number)*
Code
Work Phone + -
Home Phone + -
Fax Number + -
Cellular Phone + -
Email Address

YOUR QUALIFICATIONS

Highest Academic Qualification
Year Completed
Institution
Student Number
Professional Association/Body
Member of TUKS Alumni ☐ Yes
Name of Association
Registration Number

YOUR EMPLOYER/OCCUPATION DETAILS

Company/Institution Name
Occupation/Job Description
Postal Address
Code
Department
Building
Room/Office
Personnel Number

Primary Industry of Employment *(Tick one only)*

- ☐ Agriculture,Forestry, Fishing, Hunting
- ☐ Mining
- ☐ Construction
- ☐ Manufacturing
- ☐ Wholesale & Retail Trade
- ☐ Finance, Insurance
- ☐ Real Estate
- ☐ Services - Entertainment
- ☐ Services - Hospitality
- ☐ Services - Repair/Maintenance
- ☐ Services - Social
- ☐ Services - Other Specify: _____
- ☐ Communication
- ☐ Education
- ☐ Engineering Service
- ☐ Engineering Manufacturing
- ☐ Health & Welfare
- ☐ Government/Public Administration
- ☐ Law
- ☐ Sport
- ☐ IT
- ☐ Transportation
- ☐ Other _____

Secondary Nature of Business
Please specify field of interest
Please tick if you do NOT want us to contact you in future with regard to any relevant promotional material ☐

This section is not necessary for delegates enrolled for UP Priority courses.

PAYMENT DETAILS
Of the person/company (or representative), responsible for payment IF NOT PAID BY THE DELEGATE. After completion of this section, an official order must accompany this registration, failing which, application will not be accepted.

INSTITUTION RESPONSIBLE FOR ACCOUNT

Institution Name

Contact Person Position

*I/We hereby consent to the delegate's enrolment and hold myself/ourselves liable for the full payment of fees should the delagate be admitted.

Work Phone + - Fax Number + -

Email Address

Signature: _____ Date: _____/_____/_____ (Year / Month / Day)

CREDIT CARD INFORMATION FOR PAYMENT BY CREDIT CARD

Debit my: VISA ☐ MASTER ☐ OTHER ☐

with the amount of: Amount in words _____ R _____,_____

Credit Card Number

Card Expiry date: Month _____ Year _____ Last 3 digits on back of card

Straight ☐ Budget ☐ (Months_____)

CARD HOLDER DETAILS

Title _____ Initials _____ Surname _____

Identity Number
If SA citizen, fill in your ID number, otherwise your Passport number

Tel Number

I herewith accept personal responsibility and liability for the payment, should the payment be returned by the bank. I have read and agree to the conditions of entry as stated in this document.

Signature: _____ Date: _____/_____/_____ (Year / Month / Day)

YOUR NEXT OF KIN *(Not living at the same address)*

Surname Title: Miss ☐ Ms ☐ Mr ☐ Other ☐

Full names Initials

Preferred Firstname Relation

Home Address *(Not a box number)*

Work Phone + -

Home Phone + -

Cellular Phone + - Code

I hereby confirm that the information supplied on this form are correct and that I have read and agree to the conditions stipulated on this enrolment form. I accept personal responsibility for payment of the relevant fees as and when required.

Signature: _____ Date: _____/_____/_____ (Year / Month / Day)

CONDITIONS

Headings are for convenience only and will not be used in the interpretation of these conditions

AMENDMENTS
Unforeseen circumstances may necessitate the appointment of SPEAKERS other than those advertised. Event date(s), time, venue and topics are SUBJECT TO CHANGE.

REGISTRATION
Proof of registration and acceptance of the enrolment will be supplied.
The number of seats on each event is LIMITED and acceptance will be on a first come first serve basis.

CANCELLATIONS
CE at UP reserves the right to cancel or postpone a course. Applicants will be informed and all fees will be refunded. Cancellations are accepted, IN WRITING and WITHOUT PENALTY, up to 14 days prior to date of commencement. Delegates cancelling less than 14 DAYS prior to date of commencement of the course will be liable for payment of full fees. NON-ARRIVALS will be liable for payment of the full fees. SUBSTITUTES will be accepted.

PAYMENT OF FEES
* *Not applicable for UP Priority courses.* Course fees must be paid IN FULL before date of commencement. NO cash will be accepted at Registration on the date of commencement. CE at UP reserves the right to refuse admission, if proof of payment cannot be supplied. Proof of payment must be faxed to the FINANCE DEPARTMENT prior to date of commencement. Any proof of payment, must reflect the payment REFERENCE as indicated on the proof of registration.

Cheques must be made payable to: Continuing Education at UP (Pty) Ltd

Banking Details

Bank	**ABSA**	**Account Number**	**4 0 5 0 8 6 2 9 9 3**	Type of account
Branch	**Hatfield**	**Branch Code**	**3 3 - 5 5 - 4 5**	Current
Reference Number		*Please fill in you surname, initials and telephone number.*		