|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Information** | | | | |
| **Company Name:** |  | | **Contact Person:** |  |
| **Postal Address** |  | | **Designation** |  |
|  | | | **Tel:** |  |
|  | | | **Cell:** |  |
| **VAT Reg Number:** |  | | **Email:** |  |
| Can TUV Rheinland include you in updates on training offers and other services | | | | Yes  No |
| Do you have any other training needs or do you require any information regarding other TUV services? | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delegate Information** | | | | |
| **Course:** |  | **Course Date** |  | |
| **Cost per Delegate (Excl. Vat):** |  | **PO number:** |  | |
| **Name and Surname** |  | **ID Number** |  | |
| **Address to receive course certificate** |  | **Email Address** |  | |
| **Cell number** |  | **Office Number** |  | |
| **Vehicle Registration Number**  *(For security purposes, entrance at main gate)* |  | **Dietary Requirement**s  *(Please mark)* | **Vegetarian** |  |
| **Halaal *(additional R150 charged for certificate)*** |  |
| **None** |  |
| *Please list any medical conditions or disabilities we should be made aware of:*   |  | | --- | |  | |  | | | | | |

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| **Terms and Conditions** |
| * To confirm your booking, please complete the contract and fax to 086 238 8065 or email to the address below * All faxed and emailed contracts will be regarded as confirmed bookings and will be legally binding * Payments are due in full no later than 5 working days prior to course commencement (delegate will not be permitted to attend should payment still be outstanding) * Cancellation within 30 days of the first day of course is accepted, subject to a 100% cancellation fee or replacement delegate. * TÜV Rheinland Inspection Services (Pty) Ltd reserves the right to cancel or re-schedule a course if insufficient bookings have been received before the scheduled starting date. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I acknowledge that I have read and agree to the Terms of Business stated above. Please confirm my booking (s) as above.   |  |  |  |  | | --- | --- | --- | --- | | Please send your completed registration form to:  **Steven Lashmar**  **Email:** [**Steven.Lashmar@za.tuv.com**](mailto:Steven.Lashmar@za.tuv.com)  **Fax: 086 238 8065** |  | Signed |  | | Print Name |  | | Designation |  | | Date |  | |