

Kent Outsourcing Services

P O Box 217

Table View, 7439



SAPICS LEARNER REGISTRATION FORM

COURSE TO BE ATTENDED

Name of Course																														
Instructor Name																														
Place Held																														
Start Date																		Date To												DDMMYYYY

LEARNER DETAILS

First Name								Surname									
Date of Birth								DDMMYYYY									
ID Number																	
Nationality						SAPICS ID No											
Telephone No						Cellphone No											
Email Address						Fax No											
Street Address																	
														Post Code			
Postal Address														Post Code			

COMPANY DETAILS

Company															
Contact Name										Telephone No					
Invoice Address															
Company VAT No															

OTHER INFORMATION

I hereby give permission for my results to be made available to my lecturer for analysis purposes.

Signature of Instructor																Signature of Learner															
Date								DDMMYYYY								Date								DDMMYYYY							
Please Fax or Email this Form Back To																															
Fax Number																086-685-5686															
Email Address																kitmuss@mweb.co.za															
Would you like to receive regular SAPICS newsletters by email?																												Yes		No	

Note: One form per registered course per learner to be completed

Contact KOS – Telephone/Fax 021-557-3748 Email ken@kentoutserv.com Address P O Box 217, Table View, 7439