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										Cellpho						one No					
Email Address									Fax No												
Street Address																					
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									D	DMMYYYY	
Please Fax or Email this Form Back To								ō													
Fax Number							086-685-5686														
Email Address						ktitmuss@mweb.co.za															
Would you like to receive regular SAPICS newsletter								rs by en	nail?							Ye	s	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