



REGISTRATION OF CANDIDATE

PROGRAMME INFORMATION: VINPRO TRAINING SERIES (COMPLETE REGISTRATION FORM PER MODULE)

Name of Module	Date (as indicated)
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EMPLOYER INFORMATION

Name of Employer	Tel no.
	Fax no.
	E-mail address
Physical address of Employer (to determine nearest venue for training)	Postal address:

CANDIDATE(S) INFORMATION

Learner's Name & Surname	ID Number of Learner (also send a copy of ID)	Payment per learner (VAT included)	
		Option 1 (R100)	Option 2 (R250)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
PAYABLE		R	R

PLEASE NOTE: Proof of payment for the above entries must be submitted with this form.

By completing this form, I accept that the account is to be settled at least 7 days before the training date. Internet payment: please include your name as reference and e-mail proof of payment to training@vinpro.co.za.

Banking Details:

Bank: ABSA Paarl Mall
 Account name: VinPro NPC
 Account number: 0740145770
 Type of account: Cheque account
 Clearing number: 632-005

Contact VinPro should more than 15 of your workers attend a module. Alternative arrangements can be made to accommodate your specific farm/cellar.

Name in print	Signature	VAT no	Date