



Africa Human Capital Business Solutions (AHCBS)

Course Registration Form

COURSE INFORMATION	
Course Name	
Date	
Course Code	
PERSONAL INFORMATION	
First name	
Middle name/s	
Last name	
How would you like your name to appear on your certificate?	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Date of birth	
ID number	
Details of company and person responsible for payment	
Email address	
Cell number	
Telephone number (work)	-
Employer	
Physical Address	
Note:	Once we have received your registration you will receive confirmation via email. Thereafter you will be required to effect a 25% deposit to secure your booking. Full payment will be required 10 days prior to the course. Payments must be processed prior to the date of the course and may be made by EFT or direct banking deposit. No payments will be accepted at the course.
AHCBS Banking details	Africa Human Capital Business Solutions Standard Bank Branch: Alberton Branch Code: 012342 Account number: 252 011 147
e-mail completed registration form to: info@icta.co.za	