



LEDISA ACADEMY – COACHING REGISTRATION

Full Names		Title			
Surname		Gender	Male		Female
National ID		Marital Status			
Population Group	African	Coloured	Indian	White	
Telephone (Landline)			Fax Number		
Telephone (Cell)			Non-SA ID		
Physical Address					
Postal Code					
Postal Address					
Postal Code					
E-Mail					
Course Name					
Workshop Date					

I hereby declare that the above information is correct

Signature

Date

OFFICE USE ONLY:

Learner Number	
Assessor	
Date	

Invoice will be issued and mailed to the above address.

Account Name: LEDISA Academy - **Name of Bank:** First National Bank - **Branch No.:** 250655 (Northgate)

Account Type: Current – Account Number: 62450023800

NOTE: Deposit applicable on enrolment. Full Payment must be made before any material can be released. If payment is made by electronic transfer or direct deposit, please E-Mail a copy of the proof of payment to admin@ledisa.co.za.

Terms & Conditions: A Cancellation fee of 25% will be charged if cancellation is received **less than 10 working days** prior to the course date. No show will be charged at normal fee. By signing this registration form, you acknowledge liability for these terms and conditions.

