



Quality Management Systems, Food Safety & Laboratory Specialist

## CJ TECHNICAL AND SCIENTIFIC SERVICES

+264812012317

[clarence@cjtssnam.com](mailto:clarence@cjtssnam.com)

P.O. Box 50007, Bachbrecht, Windhoek

[www.cjtssnam.com](http://www.cjtssnam.com)

### Training Course Registration Form

Course Name: \_\_\_\_\_

Training Date (s): \_\_\_\_\_ City: \_\_\_\_\_

COMPANY/GROUP REGISTRATIONS	INDIVIDUAL REGISTRATIONS												
Organization's contact person: *	Delegate's name:												
Company name*	Phone number*												
Email Address*	Email Address*												
Phone number*	Signature:												
<b><u>Delegates Names:</u></b>	Date:												
1.	<b>Terms and conditions of bookings:</b> 1) Registration forms must be completed and submitted prior to a scheduled course. 2) Attendance is only permitted upon official written confirmation by the organization, receipt of a Purchase Order or full payment from your organization is received before commencement of the course. 3) Failure to provide proof of what is required in number two(2) will lead to the candidate being refused entry to the course. 4) For public scheduled trainings, CJTSS reserves the right to cancel /reschedule the course due to insufficient candidate registrations. 5) All cancellations must reach the below address, in writing, not later than 10 days prior to the commencement date of the course. 6) An administration and cancellation fee of 50% will be payable in respect of a cancellation received less than 10 days prior to the commencement date of the course. 7) Non-attendance without a cancellation notification will result in the full course fee payable.												
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
<b>Authorization:</b>	<b>Banking Details:</b>												
_____	<table border="1"> <thead> <tr> <th>Bank Name</th> <th>Branch Name</th> <th>Branch Code</th> </tr> </thead> <tbody> <tr> <td>Bank Windhoek Limited</td> <td>Windhoek Branch</td> <td>481-972</td> </tr> <tr> <th>Account Number</th> <th>Account Name</th> <th>Account Type</th> </tr> <tr> <td>8049155741</td> <td>CJ Technical and Scientific Services</td> <td>Cheque</td> </tr> </tbody> </table>	Bank Name	Branch Name	Branch Code	Bank Windhoek Limited	Windhoek Branch	481-972	Account Number	Account Name	Account Type	8049155741	CJ Technical and Scientific Services	Cheque
Bank Name	Branch Name	Branch Code											
Bank Windhoek Limited	Windhoek Branch	481-972											
Account Number	Account Name	Account Type											
8049155741	CJ Technical and Scientific Services	Cheque											
Initials and Surname													
_____													
Designation													
_____													
Authorization signature													
_____													
Date													
_____													

Please return completed form (s) to:

E-mail: [clarence@cjtssnam.com](mailto:clarence@cjtssnam.com) or [cjtjipangandjara@gmail.com](mailto:cjtjipangandjara@gmail.com)