

Delegate details – These details are used for the smooth administration of your participation in our training courses

| | | | | | | | | | | | | | |
|--|---------------|--|----------------|--|-----------------------------|--|-----------------------------|--|----------------|--|-------------------|--|--|
| Course name | | | | | | | | | | | Course start date | | |
| First name as per ID | | | | | | | | | | | Title | | |
| Middle names as per ID | | | | | | | | | | | Initials | | |
| Surname as per ID | | | | | | | | | | | Gender | | |
| Country of residence | | | | | | | | | | | | | |
| ID number | | | | | | | | | | | | | |
| Passport number <i>If not South African</i> | | | | | | | | | | | | | |
| Country of issue <i>If passport number used</i> | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | |
| Mobile number | | | | | | | | | Office number | | | | |
| Highest qualification | <i>Matric</i> | | <i>Diploma</i> | | <i>Undergraduate degree</i> | | <i>Post graduate degree</i> | | Year completed | | | | |

Kindly submit a copy of your ID/Passport with this registration for certificate purposes

Job details – Please tick X to indicate in which industry you work

| | | | | | |
|--|--|--------------------------------|---|-------------------------------------|----------------------------------|
| <i>Agriculture, forestry, fishing, hunting</i> | <i>Services – Repair & Maintenance</i> | <i>Services: Entertainment</i> | <i>Government & Public administration</i> | <i>Wholesale & Retail trade</i> | <i>Engineering manufacturing</i> |
| <i>Mining</i> | <i>Services: Social</i> | <i>Transportation</i> | <i>Finance & Insurance</i> | <i>Health & Welfare</i> | <i>Engineering service</i> |
| <i>Construction</i> | <i>Services: Other</i> | <i>Medical</i> | <i>Real Estate</i> | <i>Sport</i> | <i>Law</i> |
| <i>Manufacturing</i> | <i>Services: Hospitality</i> | <i>Education</i> | <i>Communication</i> | <i>IT</i> | <i>Other</i> |

Courier details - Please provide us with the contact details of any two people who will be available, at the specified courier address, to receive your certificate

| | | | | | | | | |
|--|-------------------|--|--|--|----------|---------------|--|--|
| Name - primary recipient | | | | | | Mobile number | | |
| Name - alternative recipient | | | | | | Mobile number | | |
| Courier address for certificate delivery | Unit & Street no. | | | | Suburb | | | |
| | Street name | | | | | | | |
| | City | | | | Province | | | |

Invoicing details – If some sections are not applicable, please write N/A or ignore

| | | | | | | | | | | | | | | |
|--|--------------------|--|-----------------------------|--|--|------------------------------------|------------------------|--|-------------------|--|--|--|--|--|
| Responsible for payment <i>Tick X</i> | <i>I am paying</i> | | <i>My company is paying</i> | | Only complete the rest of this section if a company/ funder is paying | | | | | | | | | |
| Company/ funder name <i>Full name of company</i> | | | | | | Type of company <i>If known</i> | <i>Holding company</i> | | <i>Subsidiary</i> | | | | | |
| Holding company name <i>If known & applicable</i> | | | | | | Company purchase order no. | | | | | | | | |
| Contact person name | | | | | Company VAT no. | | | | | | | | | |
| Contact number | | | | | Company registration no. | | | | | | | | | |
| Email address | | | | | | | | | | | | | | |
| Physical address for invoicing | Unit & Street no. | | | | Suburb | | | | Postal code | | | | | |
| | Street name | | | | | | | | | | | | | |
| | City | | | | Province | | | | | | | | | |

I _____ with ID number _____ confirm that the above personal details, invoicing details, and courier details are correct, and acknowledge that the provided initials and surname will appear on all certificates. Your signature on this form serves as proof of your attendance.

POPIA (data release form)

Enterprises University of Pretoria requires your consent for certain actions - please tick **X** to indicate your consent – it is your choice to give consent:

| | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | I consent to Enterprises University of Pretoria utilising the above personal details for registration purposes in the training programme where you will be a delegate, aimed at identifying, tracking, generating results, and storing results of relevant assessments. | Whatsapp number: |
| <input type="checkbox"/> | I consent to Enterprises University of Pretoria making my results available to me as well as to my employer/ funder via email. | |
| <input type="checkbox"/> | I consent to receive promotional material of upcoming courses via email. | |
| <input type="checkbox"/> | I consent that my number can be added to a Whatsapp group if I am enrolled for a long-term course. | |

Enterprises University of Pretoria will utilise the information contained herein and incidental hereto, solely for the purposes referred to and will not breach confidentiality. Furthermore, Enterprises University of Pretoria cannot be held responsible for unlawful acts and misuse of information contained herein and incidental hereto, by any and all other parties. By signing this document, you acknowledge that you have read, understood, and agree with the terms and conditions of Enterprises University of Pretoria. The terms and conditions can be found on the link below or by scanning the QR code.

<https://euphubc7e6eb83fa.blob.core.windows.net/blobeuphubc7e6eb83fa/wp-content/uploads/2024/04/terms-and-conditions.pdf>

| | | | |
|------|--|-----------|--|
| Date | | Signature | |
|------|--|-----------|--|

