Version: April 2024

## **Registration Details**



Delegate details –	These	details are	e used for	the sn	nooth adr	ninistra	ition o	of you	r partici	pation in o	our tro	aining	course	'S						
Course name		Course start date																		
First name as per ID													Т	Title						
Middle names as per ID												Ir	Initials							
Surname as per ID												G	Gender							
Country of residence																				
ID number																				
Passport number				l									1							
If not South African Country of issue																				
If passport number u	sed																			
Email address																				
Mobile number		Office number																		
Highest qualification		Matric	Dip	oloma	loma Undergraduate degree				Post graduate degree			Year completed								
Kindly submit a copy	of you	ur ID/Passport with this registration for certificate purposes																		
Job details – Please	tick <b>X</b>	to indicat	e in which	indus	strv vou w	ork														
		ervices – R			Services:				Governn	Government & Public		c Wholesa		ale & Retail		Engine		-		
fishing, hunting M		Aaintenand			Entertainment				administ	tration & Insurance			ade	2. Wolfara				ufacturing		-
Mining		ervices: So		Transportation					Real Est		Health & Welfare						eering service			
		ervices: Ot			Medical					-	-	Sport			Law				-	
Manufacturing S		ervices: Ho	spitality		Education				Communication			17				Other				
Courier details - P	lease p	rovide us	with the c	ontact	t details o	f any tv	<i>vo рес</i>	ople v	vho will	be availab	le, at	t the s <sub>i</sub>	pecified	d courie	r addre	ess, to	receiv	e your	certifica	ite
Name - primary recipie	ent										Мо	bile n	umber							
Name - alternative recipient											Mobile number									
Courier address for certificate delivery		Unit & S	itreet no.	Suburb										Postal code						
		Street name																		
		City								Province										
Invoicing details –	If some	sections	are not ap	plical	ble, please	write	N/A o	or igno	ore											
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Holding company name  If known & applicable									Company purchase order no.											
Contact person name					Co			mpan	y VAT no	).										
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Enterprises University	of Pret	oria requi	res your co	onsen	t for certa		•		<b>lease fo</b> e tick <b>X</b> t	•	your	conse	nt – it i	is your	choice	to giv	e conse	ent:		
I consent to Ente									registrat	ion purpose	s in th	he trair	ning pro	gramme	where	you wi	ll be a d	elegate	, aimed a	at
identifying, tracking, generating results, and storing results of relevant assessments.  I consent to Enterprises University of Pretoria making my results available to me as well as to my employer/funder via email.  Whatsapp number:																				
I consent to rece	ive pror	notional m	aterial of up	comin	ng courses v	/ia email	l.													
	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,									ro										
Enterprises University of F Enterprises University of F this document, you ackno	Pretoria	cannot be l	held respon	sible fo	or unlawful	acts and	d misus	se of ir	nformatio	n contained	d here	in and	incident	tal heret	o, by ar	y and a	all other	parties	. By sign	ing

on the link below or by scanning the QR code.

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Date	Signature	
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