

## **Delegate/Learner Registration Form**

Delegate Information				
First Name:	Surname:			
Identity Number:	Gender:			
Job Designation:	Organisation:			
Tel (Work):	Cell:			
Email Address:				
Training Course needed:				
Date Training is needed [from training calendar]:				
Original ISO Standard (The original ISO Standard is required for delegates attending the course)				
Will you require IBRATSA to acquire an original standard on your behalf?  YES NO				
If <b>YES</b> IBRATSA will purchase an Original SANS/ISO Standard from South African Buruea of Standards (SABS) on your behalf and the cost will be added to your quotation or invoice.				
If <b>NO</b> before training begins, submit proof that you are in possession of a standard for the duration of the course. <i>i.e. required to submit your picture holding an original copy of the ISO standard</i> .				
The standard can be purchased directly from South African Buruea of Standard and belongs to the delegate. Delegates in possession of the Standard can make use of their own copy and fees are removed from quotation.				
Payment Details/Instructions: If different from above				
Name & Surname:	Company Name:			
Email Address:	VAT Number:			
	Email Address:			
	Postal Address:			
Payment Method (Mark with an "X") -> Bank Deposit EFT				
Registration and Payment Terms and Conditions				

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Reviewed by	Operations Director	Review Date	10/03/2025
Approved by	Managing Director	Approval Date	10/03/2025
Date of Implementation	14/09/2021	Revision No/Issue No	0/ 2



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All fees must be paid prior to attending training.				
No refunds for missed attendence.				
No refund, for cancellations made 3 days before to	training date.			
Delegate Declaration	Sponsor Declaration			
I have read and understand the above registration and payment terms and conditions as set out and hereby accepts these terms and conditions.  Name & Surname:  Date: Signature:	I have read and understand the above registration and payment terms and conditions as set out and hereby accepts these terms and conditions.  Name & Surname:  Date:  Signature:			
For office use:  Learner is accepted for the Training Course applied for: Yes No  If No; provide Reasons				
BIC				
IBRATSA Manager:				
Signature				
Date				

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