



TRAINING REGISTRATION FORM

Training Location: Unit 6a, Erica Way, Somerset Business Park, Somerset West, 7130

Your Name: _____

Your company: _____

VAT No./ Reg-No.: _____

Address: _____

Work Phone: _____ **Fax:** _____

Cell: _____ **E-Mail:** _____

Qualifications: _____

Signature: _____

Please complete and return to Solarzone (Pty) Ltd via facsimile
FAX: **(086)6673629**

Registration Fee: **R600+ VAT** **100% Upfront payment!.**

Bank: First National Bank
Beneficiary: Solarzone (Pty) Ltd
Account Number: Cheque Account – 62127185503
Branch Code: Somerset West – 200512