

# Agreement of Terms / Booking Form



Please complete, sign and fax / email this agreement through to confirm your attendance.

**Person Responsible for Payment:**

Company Name:				VAT #:			
Authorised Representative Name:			Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Postal Address:							Postcode:
Street Address:							Postcode:
Contact Numbers:	Work:			Mobile:			
Email:				Fax:			

**Course and Learner Details:** \*\* For additional Learners, please provide us with an email listing their names and ID Numbers

#	Course Name:	Start Date:	Learner Name & Surname:	ID / Passport Number:
1				
2				
3				
4				
5				

Location:	<input type="checkbox"/> Cape Town	<input type="checkbox"/> St Helena Bay	<input type="checkbox"/> Port Elizabeth	<input type="checkbox"/> Other
<b>Total Cost:</b>	R	<b>Total number of learners:</b>		

**Payment Details:**

**PLEASE NOTE: No learner will be permitted to complete the exam if full payment has not been received.**

**Please note: Account Name / Bank / Branch Code the same for all major sites**

**Account Name:** Sea Safety Training Group      **Bank:** Standard Bank      **Branch Code:** 050511

<b>Cape Town:</b> Account #: 082 417 679	<b>St Helena Bay:</b> Account #: 301 423 342	<b>Port Elizabeth:</b> Account #: 082 434 522
<input type="checkbox"/> Full Payment	<input type="checkbox"/> EFT	<input type="checkbox"/> Invoice * Must be organised by prior arrangement

**REFUND POLICY** - In the event of cancellation, seven (7) days' notice is required. A refund of monies paid will be awarded less the 20% paid for administration PLUS any additional costs that have been incurred for resources, flights and/or accommodation. No refund will be awarded if Sea Safety Training Group is not notified of non-attendance, if less than 7 days' notice is provided, or if the learner leaves the course.

**Client Agreement** - The Company / Private Individual completing this agreement will be held liable for payment. No certificate will be issued for a learner found NYC (not yet competent). SSTG is to be informed of any disabilities and no medically unfit person may undertake strenuous training.

**I HEREBY ACCEPT THE ABOVE TERMS & CONDITIONS & CONFIRM THAT I AM AUTHORISED TO MAKE THIS AGREEMENT**

<b>Authorised Representative Signature:</b>		<b>Date:</b>	
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<b>Office Hours</b> – Monday to Friday 8:00am to 5:00pm <b>Courses Start at</b> – 8:30am <b>Please ensure that you arrive by 08:00am</b>	<b>Remember to bring:</b> <input type="checkbox"/> Certified copy of your ID (not a Driver's Licence) <input type="checkbox"/> Pen / Pencil <input type="checkbox"/> Check the individual requirements of your course
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<b>Referred By:</b>	<input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Email <input type="checkbox"/> Employer	<input type="checkbox"/> Referral / Word-of-mouth <input type="checkbox"/> Flyer / Brochure / Poster <input type="checkbox"/> Magazine Article / Advert <input type="checkbox"/> Radio	<input type="checkbox"/> Instagram <input type="checkbox"/> Linked In <input type="checkbox"/> SSTG Sales Person <input type="checkbox"/> Employer
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<b>CAPE TOWN:</b> Fax: +27 86 441 9148 Email: <a href="mailto:infocpt@sstg.co.za">infocpt@sstg.co.za</a>	<b>ST HELENA BAY:</b> Fax: +27 86 441 9163 Email: <a href="mailto:info@sstg.co.za">info@sstg.co.za</a>	<b>PORT ELIZABETH:</b> Fax: +27 86 441 9164 Email: <a href="mailto:infomb@sstg.co.za">infomb@sstg.co.za</a>
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