

**CIC REGISTRATION FORM FOR CONTRACTOR DEVELOPMENT TRAINING
ON HEALTH SAFETY.**

Please ensure all areas are filled in to process your request. Write in block letters.

Company Name					
CIC Registration No.:					
Telephone Number					
Delegate Name					
Delegate Position					
ID Number					
Delegate Cell Number					
Email					
Subject Knowledge	Please shade the level of subject knowledge (1 = low to 5 = high)				
	1	2	3	4	5
PAYMENT DETAILS					
Full payment of commitment fee of E200 is required before attending the course					
Payment method (tick)	Cash	EFT	Direct Bank Deposit		
Bank Name	Eswatini Bank	Standard Bank	First National Bank		
Name of Account	CIC	CIC	CIC		
Type of Account	Current	Current	Current		
Account No.:	77400749798	9110004761777	62846712273		
Branch Code	770009	663164	281264		
Branch Name	Mbabane	Mbabane	Mbabane		
Mbabane Swift Code	SDSBSZMB	SBICSZMXXX	FIRNSZMX		
Reference	Reference should be name of person of company paying for the training				

Registration Terms and Conditions:

- Strict cancellation policy:** Cancellation should be made 7 days prior to course date and a service fee of 10% will be charged. Cancellation made after the course is confirmed will be subject to full course fee. In the event of no show you are obliged to pay the full course fee. Substitute delegates allowed by prior arrangement.
- Payment:** full payment of a NON-REFUNDABLE fee of E200 per person is required before attending the course. Pay through EFT or Direct Deposit and attach proof of payment with registration form upon return.

I confirm that I have read and agree to the terms and conditions of this registration.

Authorised signature

Designation

Date