

Training & Competence Booking Form

Course/Assessment Name:					Cours	se/Assessment Date:
Delegate Nam	ne(s):					
Company Nar	me:					
Company Ado	dress:					
Company Reç	gistration Number:			VAT		
Telephone Nu	ımber:			Number:		
Email Address	s:					
Invoicing add	dress (if different from	ı above)				
Name:						
Company Nar	me:					
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Company Re	gistration Number:			VAT		
Telephone Nu	umber:			Number:		
Invoice Email	Address:					
SA Group/Sira Cer ourse/assessment. SA Group/Sira Cer	io.00 will be applied for any delectification reserves the right to cannot the cases a full credit will crification reserve the right to cantification is not liable for expensions.	ancel a course/assessm be given, if a transfer to ncel a course/assessme	ent should the number of the next course date is r nt for reasons outside of	ot suitable. its control.		ninimum required for the
claration						ncel or re-schedule a
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