

# 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:

Learner Name/s & Surname/s:					ID #:		
	** For additional Learners, please provide us with an email listing their names and ID Numbers						
Course Name/s:	1.			Start Date/s:			
	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						

## Payment Details:

**PLEASE NOTE: A 20% Deposit must be paid into the relevant bank account to secure your place, with the balance to be paid prior to the 1<sup>st</sup> day of your course. 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>	<b>St Helena Bay:</b>	<b>Port Elizabeth:</b>
Account #: 082 417 679	Account #: 301 423 342	Account #: 082 434 522

Full Payment       20% Deposit       EFT       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**

Authorised Representative Signature:			Date:	
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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>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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