

## REGISTRATION FORM

### REGULATORY EXAM 1

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#### Candidate Personal Information

Surname:	<input style="width: 90%;" type="text"/>	Maiden name:	<input style="width: 90%;" type="text"/>																		
Initials:	<input style="width: 40%;" type="text"/>	Title:	<input style="width: 40%;" type="text"/>																		
Full Names:	<input style="width: 95%;" type="text"/>																				
Preferred name:	<input style="width: 95%;" type="text"/>																				
Date of birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Age:	<input style="width: 30px;" type="text"/> yrs	Gender:	<input style="width: 20px;" type="text"/> M Male	<input style="width: 20px;" type="text"/> F Female							
D	D	M	M	Y	Y	Y	Y														
ID/Passport number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Equity:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Indian	<input type="checkbox"/> Coloured	Citizen:	<input style="width: 80%;" type="text"/>															
Physical Address:	<input style="width: 95%;" type="text"/>																				
Postal Address:	<input style="width: 95%;" type="text"/>						Code:	<input style="width: 40px;" type="text"/>													
Tel (H):	<input style="width: 150px;" type="text"/>	Cell:	<input style="width: 150px;" type="text" value="COMPULSORY"/>	Home Language:	<input style="width: 150px;" type="text"/>																
Internet Access (Y/N):	<input style="width: 150px;" type="text"/>	E-mail address:	<input style="width: 400px;" type="text" value="COMPULSORY"/>																		
Disability status:	<input style="width: 250px;" type="text"/>			Geographical area/Province:	<input style="width: 150px;" type="text"/>																

#### Main Account Payer Details (COMPULSORY)

If you are responsible for the payment and not your company, you can just write "SELF" in the "Company Name" block.

Company Name:	<input style="width: 90%;" type="text"/>	Division:	<input style="width: 90%;" type="text"/>																		
Company VAT nr: (Your division)	<input style="width: 250px;" type="text"/>	Company Registration nr: (Your division)	<input style="width: 250px;" type="text"/>																		
Surname:	<input style="width: 95%;" type="text"/>																				
Initials:	<input style="width: 40%;" type="text"/>	Title:	<input style="width: 40%;" type="text"/>																		
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Email:	<input style="width: 450px;" type="text"/>																				

### Employment Information

Current Occupation:

Office:  Supervisor/ Manager name:  Employee Nr:

Work Physical address:   
 Code:

Work Postal address:   
 Code:

Tel (W):  Fax (W):

### Programme Information

REGULATORY EXAM 1 : Mark with a (x)

Facilitation

2010	August	September	October
Tygervalley	11	29	12
Durban	19	22	28
Centurion	23	8	4
Bloemfontein	2	15	21

or E-Learning

Register : [www.apsa.co.za](http://www.apsa.co.za) - link, username and password will be available on receipt of proof of payment.

### Agreement

Please complete the registration form and send it back via e-mail or fax with the following:

Please mark with a (x) when you have included the following with the registration form:

**Certified** copy of ID

**Proof of payment**

I (Full names) \_\_\_\_\_ ID nr \_\_\_\_\_ state that the above information is true to the best of my knowledge. I hereby apply to attend the above mentioned programme.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:**

**In case of a cancellation after Registration a 50% cancellation fee will be applicable.**

**Our Banking Details:**

Account Name:	PSG Konsult Learning Academy (Pty) Ltd
Bank:	ABSA Bank
Branch:	ABSA Corporate
Branch Code:	63-20-05
Account No:	40-6354-8859

*Please use your invoice nr or name & surname as a reference.*

**TERMS AND CONDITIONS**

**1. Payments**

- Methods of payment: EFT (Electronic Fund Transfer) and cash deposit
- The Training Coordinator will send you a pro-forma invoice after you have sent your completed registration form.
- Ensure to use your name and surname or company name or document number as reference when making the payment.
- A proof of payment must be submitted to the Training Coordinator within 30 days of receiving the pro forma invoice and 7 days before training.

**2. Cancellation & Refunds**

- In case of a cancellation after Registration a 50% cancellation fee will be applicable.
- Cancellation must be done in writing at least 5 (five) working days before the workshop.
- No refunds will be applicable after 6 months' of registration.

**3. Disclaimer :**

PSG Konsult Academy will endeavour to prepare you for these exams, however PSG Konsult Academy cannot be held responsible if you do not pass the exam.

I, \_\_\_\_\_ (full name and surname) with ID number \_\_\_\_\_  
herewith confirm that I agree with PSG Academy's terms and conditions as set out on this document.

\_\_\_\_\_  
Learner Signature

\_\_\_\_\_  
Date

**WHERE DID YOU HEAR ABOUT US?**

Twitter  Gumtree  RiskSA  FA News

PSG Konsult Website  Skills Portal

Newspaper  Previous learner

Other :