

## REGISTRATION FORM

You must complete all relevant sections of the registration form.  
Direct any queries to 011 726 7482 or info@ihrm.co.za.

Please attach:

1. Certified copy of Matric certificate
2. Certified copy of identity document
3. Certified copy of proof of name change if there is a difference in surname between the matric certificate and the ID document

### ALL FIELDS ARE COMPULSORY

#### COURSE DETAILS

Course name	Wealth Management Level 5 Risk skills programme February 2022
Course date	24 February 2022 – 18 March 2022  <i>Online Teams Meetings Facilitation</i> Time: 08:30 to 15:00 24 & 25 February 2022 08 & 09 March 2022 18 March 2022
Venue	Online Teams Meeting

#### PERSONAL INFORMATION

This information is required for certification and quality assurance purposes.

ID Number									
Title	<input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Adv <input type="checkbox"/> Dr <input type="checkbox"/> Hon <input type="checkbox"/> Prof <input type="checkbox"/> Rev								
Full name (exactly as on ID document)									
Preferred name									
Date of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <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> <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;">D</td> <td style="width: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male								
Race	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> White								
Disabilities									
Home language									
Nationality									
Residential status	<input type="checkbox"/> South African <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Dual citizenship <input type="checkbox"/> Other								
Telephone number									

Mobile phone number	
E-mail address	
Residential address	
Postal code	
Postal address	
Postal code	

### LAST SCHOOL ATTENDED

Name (Be specific)	
Province	
Year matric attained	

### EMPLOYMENT DETAILS

Socioeconomic status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Employer name	
Employer SDL number	

### BILLING DETAILS

Billing contact person	
Billing contact e-mail address	
Company name	
Company VAT number	
Company billing address	

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## TERMS AND CONDITIONS

### Cost

R 9 400 excluding VAT per delegate.

### Payment

Full payment must be made 72 hours prior to the commencement of the course.

### Confirmation

Registrations will be deemed confirmed upon payment and will be subject to these Terms and Conditions.

### Cancellation

All cancellations must be submitted in writing. If you cancel within three days of the course the full course fee is payable.

## CONSENT

I,

(full name) \_\_\_\_\_

consent to IHRM providing INSETA, DHET, QCTO with my personal information for certification and quality assurance purposes.

Signature

Date