PRIVATE STUDENT REGISTRATION

OHS academy
SAFETY TRAINING EXCELLENCE SINCE 2003

OHS REG:

TRAINING COURSE:

DATE(S):

AMOUNT: ***PAID:***

RESULTS:

CERTIFICATE NO:

FOR BANK DEPOSITS:

CONTACT YOUR BRANCH WHERE YOU ARE BOOKING TO GET THE BANKING INFO

STUDENT SURNAME:

STUDENT FULL NAME(S):

IDENTITY NUMBER: / /

YOU ARE KNOWN AS:

CELL NO: *OR*

EMAIL ADDRESS:

HOME ADDRESS:

POSTAL ADDRESS:

EMPLOYER:

TEL NO: *OR*

CERT. TAKEN BY:

POSTED/COURIER:

DATE:

www. ohsacademy.co.za

TICK AT WHICH BRANCH YOU REGISTER:-

- ☐ WITBANK: TEL (013) 656 1584 FAX: 086 602 7429 talitha@ohsacademy.co.za
- ☐ GAUTENG: TEL (011) 026 8451 FAX: 086 602 7429 nickm@ohsacademy.co.za
- ☐ NELSPRUIT: TEL: (071) 672 1000 bok@ohsacademy.co.za

(OFFICE:- STICK COPY OF RECEIPT/POP HERE)