



PCST STRUCTURAL PEST CONTROL REGISTRATION FORM

Cell: 061-419-3922

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Johnsonmuriel43@gmail.com

Student Details

Name:					
Surname:					
Race:	Black	White	Coloured	Indian	Other
Please mark with a X					
ID Number:					
Age:					
Sex:	Male	Female			
COPY OF IDENTITY DOCUMENT TO SUBMIT WITH REGISTRATION FORM					
Company Details					
Company Name:					
Postal Address:					
		Code:			
Tel:		Fax:			
Student Cellular Number:					
Email Address of student:					
Email address of Department responsible for payment:		Name and contact number for person responsible for payment:			
Other information: Course/s applied for:					
METHOD OF PAYMENT IN ADVANCE BEFORE ATTENDING THE COURSE: EFT (Tick block if payment was made and keep proof of payment)					
Use company name or student name as reference on payments. Please send proof of payments to johnsonmuriel43@gmail.com					
Banking Details: Pest Control Skills Training, Nedbank Account Number 1138383430 Branch Code 198768 Type of account: Current					
Should the student not arrive for the Skills Training and no written cancellation has been received and confirmed, the full course fee will be payable. Students need to cancel 3 working days in advance before course date. Failure to cancel on time will result in forfeiture of the full fee.					
NB!!!! Minimum of 3 students required for classes to commence.					