



## *Study Techniques Enabling Effective Results*

79 AMANDEL LN.  
VAL DE GRACE  
PRETORIA  
0184  
SEL: 082 299 6926  
(012) 804 8243 ☎  
E-mail: [lorette@helios.co.za](mailto:lorette@helios.co.za)

### **REGISTRATION FOR FRANCHISE**

Registration must please be accompanied by:

- A Copy of ID document.

#### **Personal Details:**

Surname:

Full name:

Date of birth:

<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>

Sex:

 Male  Female

Identity Number:

Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			
Cell			
Fax			

E-mail:

--

Highest scholastic qualifications:

School:
Grade:

Highest tertiary qualifications:

Institution:
Qualification:
Institution:
Qualification:
Institution:
Qualification:

**In case of applicant being a minor:**

Information of guardian:

Surname:

--

Full name:

--

Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			
Cell			
Fax			

E-mail:

**I will attend the training at(date):**

**Payment details**

**Method of payment:**

	Cash	Internet transfer	Date
Deposit			
2 <sup>nd</sup> payment			
3 <sup>rd</sup> payment			

Details of person responsible for payment:

Surname:

Full name:

Residential address:

Postal address:

Postal code:	Postal code:

Telephone numbers:

	Area Code	Number	Extension
Home			
Work			
Cell			

Fax			
-----	--	--	--

E-mail:

--

Please note:

- *Our bank details are: Helios, Nedbank, Boksburg (135705), Acc. Number: 1357099258. Fax proof of payment of registration fee to 012 804 8243.*

**I, the undersigned, confirm that all information supplied above is true and correct.**

**I, undertake to comply with the requirements as set out by Helios Training Centre.**

.....  
Applicants signature

.....  
Date

.....  
Guardian (minors)

.....  
Date