



INFORMATION REQUIRED	CLIENT INFORMATION
COURSE:	
Date:	
Company Name:	
Person Responsible for Booking Training:	
Designation:	
Email Address:	
Phone Number:	
Person Responsible for Payment:	
Designation:	
Email Address:	
Phone Number:	
Delegate Information:	
Name	
ID Number	
Phone Number	
Name	
ID Number	
Phone Number	
Name	
ID Number	
Phone Number	
Name	
ID Number	
Phone Number	
Name	
ID Number	
Phone Number	
Name	
ID Number	
Phone Number	
Name	
ID Number	
Phone Number	
Special dietary / accesibility requirements:	
Name:	
Designation:	
Signature:	

In signing this form, I the undersigned confirm that I have read, understood and accept MBAT's Standard Terms and conditions, including the clauses relating to cancellations and payment. I also hereby confirm that I am duly authorised to sign and commit to these terms and conditions.