APPLICATION	N FORM FOR SPECIALISED ONE DAY COURSE		Sogo SUN
DATE OF APF	LICATION:		CULINARY CHEFS ASSOCIATION
Course Atter		Date of course:	
	PERSONAL DETAILS		
FIRST NAME		TEL	
SURNAME		CEL	
JUNIVAIVIL			
ID NUMBER		FAX	
-			
POSTAL ADDR	ESS	EMAIL	
		MEMBERSHIP NO	
	INVOICE DETAILS / COMPANY INFORMATION		
COMPANY NA	ME	SUPERVISOR	
	[]		
ADDRESS		TEL	
		CEL	
		EMAIL	
VAT NUMBER			
NB	DRESS CODE		
PLEASE BE AWAI	RE THAT IT IS ESSENTIAL THAT YOU WEAR THE FOLLOWING:		
	STURDY NON SLIP FLAT SHOES, COVERED TOES, EITHER SAFETY S	HOES	
	TROUSERS NEED TO BE WORN		
	CHEFS JACKET IF YOU HAVE ONE		
NB	NOT TO BE WORN NON COMPLIMENCE TO DRESS CO	DDE WILL RESULT IN US NOT ALLOW	VING PARTICIPATION
	OPEN TOED SHOES		
	HIGH HEELS		
	DRESSES AND SKIRTS (UNLESS PART OF STAFF UNIFORM)		
DAVAAENT O. C			
	ANCELATION CRITERIA		
	ST BE MADE IN FULL ONE WEEK BEFORE THE START OF 1 OF CANCELLATION COSTS:		E THAT COURSE TIMES ARE:
4 WEEKS	FULL REFUND		RIVAL TO REGISTER AND CHANGE
3 WEEKS	50% REFUND		ART TO 4:30PM FINISH
2 WEEKS	10% REFUND	05.0041431	
1 WEEK / LESS	0% REFUND		
BANKING DET			
South African Ch		ress: SACA; Cnr Bunting & Ann	et Road
Nedbank	Nelson Mandela Square	Auckland Park	
Account Number		Johannesburg	
Branch code	198 765	¢.	
Reference	your name & course name	RICHS	Bakery Supplies