

## Basic GCP Course (Full Day)

**IMPORTANT:** Please Note that both pages and all fields of the registration form needs to be completed in full. Failure to complete as such, will result in your registration not being processed.

Please note that registrations received after the submission date will not be accepted.

Payment for the course is payable before the scheduled date – payments that have not been received on, or before the scheduled date, will forfeit attendance of the course and rescheduling will have to be done.

YES, I WOULD LIKE TO ATTEND THE **BASIC GCP COURSE** ON \_\_\_\_\_ (enter Date) HOSTED BY  
FARMOVS

Please return this form to:

Ms. Lee-Anne Reineke  
TEL: (051) 410 3253

E-MAIL: [Lee-Anne.Reineke@farmovs.com](mailto:Lee-Anne.Reineke@farmovs.com)

### PERSONAL DETAILS

PROF/DR/MR/MRS/MS:

\*SURNAME:

INITIALS:

\*FIRST NAME:

COMPANY:

POSTAL ADDRESS

TELEPHONE:

**HPCSA registration #:**

E-MAIL:

CURRENT POSITION / RESPONSIBILITIES:

**PLEASE NOTE:** To participate in the virtual offering, you will need access to a computer, with sound, microphone and conference camera capabilities.

Signature:

Date:

\*This detail will be reflected on your certificate

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### REGISTRATION FEES

FEE (incl. VAT) R2 500.00 (if an invoice is required a request should be submitted)

Please provide us with proof of payment along with your registration form by no later than **one week before** the scheduled course date.

**Important notice:** The attendant of this course, agrees that should he/she cancel their attendance of this course, after payment has been made, the payment will not be refunded. Your attendance will be carried over to the next available course. This will be on an once off basis. Should attendance be cancelled a second time, the attendant will forfeit their payment, and the full amount will be payable for attending the next course.

### PAYMENT INFORMATION

FARMOVS (Pty) Ltd.  
VAT 4390 190 249  
Reg no 2000/003545/07

Bank account  (perferred method of payment) please use reference "GCP Initials and Surname

Bank details:                      **ABSA**  
Account holder name:          **FARMOVS (Pty) Ltd.**  
Account number:                **15-7016-2590**  
Account type:                    **Cheque account**  
Branch:                            **Business bankBloemfontein**  
Branch Code:                    **632005**

Please email proof of payment to:  
[Lee-Anne.Reineke@farmovs.com](mailto:Lee-Anne.Reineke@farmovs.com)

**Important:** Please select method of payment for invoice purposes

Private payment

Company/Corporate payment

If company/corporate payment is selected (e.g. the company will be paying for the delegates attending the course) please include the following information:

Company VAT Number:

Company address:

Email of the person responsible for conducting the payment:

Purchase Order (PO) Number (if applicable):