

Driver Refresher



Applicant Name: _____

Payment Ref: Name and Course type _____

Course type: (Safety, Quality, Solution, Value) _____

Contact Number: _____

Safety	R4 000
Quality	R4 000
Solution	R4 000
Value	R4 000

Accouthead Name: HDT ACADEMY (PTY) LTD Reg: 2024/159136/07
Absa Account Number: 4113602494
Account Type: CHEQUE ACCOUNT
Branch: BUSINESS BANK BLOEMFONTEIN
Branch Code: 632005

Important: Payment receipt must be shown before training comence. Applicat must pass the training before he/she receives the certificate.

Applicant Signature: _____

Date: _____

For office use:

Payment received:	_____
Date/s of Training:	_____

Trainer:	_____

Please send application to stephan@hdtacademy.co.za