



TT BLOCK ENROLMENT FORM

REGISTRATION VENUES

PIFSA – CENTRAL CHAMBER Lithotech Listings & Logistics Corner Shaft & Reduktor Avenue Stormill Ext 3 Roodepoort	PIFSA – KZN CHAMBER Unit 2, Afriscan Park 21 Qashana Khuzwayo Rd New Germany	PIFSA – CAPE CHAMBER 3rd floor 19A Woodlands Road Woodstock Cape Town
CONTACT: SAM-SUE BRICKNELL TEL: (011) 287 1160 FAX: (011) 287 1180/ 086 508 1350 EMAIL: sam@pifsa.org	CONTACT: HELEN STUART TEL: (031) 705 8744 FAX: (031) 705 4408/086 508 1322 EMAIL: kzn-chamber@pifsa.org	CONTACT: LINCENT BESTER OR MICHELLE EYBERS TEL: (021)595 1367 OR (021)447 7117 FAX: (021) 595 1376 OR (021) 4477117 EMAIL: lincen@cape.pifsa.org michelle@cape.pifsa.org

TT BLOCK DETAILS

Please mark the relevant TT Module with an X

TT1

TT2

TT3

RE-WRITE

Course Commencement Date _____

Company Order Number _____



Printing Industries Federation of South Africa
Suid-Afrikaanse Federasie van Druknywerhede



COMPANY DETAILS

Company Name _____

Contact Person _____

Company VAT Reg. No _____

*As of the 1 March 2005, it has become law to have the recipient's/Company's VAT
Registration Number on any invoice over R3000.00*

Company Order No _____

Telephone No _____ Fax No _____

Postal Address _____

_____ Postal Code _____

Email Address: _____



DELEGATES DETAILS FOR TT BLOCK REGISTRATION

(Please attach a copy of each delegate ID)

NB: PLEASE ENSURE THAT THE CANDIDATE(S) TRADE IS FILLED IN.

SURNAME		INITIALS		MALE		FEMALE	
ID NUMBER							
TRADE & SPECIFIC DIVISION IN WHICH LEARNER IS INDENTURED:							

SURNAME		INITIALS		MALE		FEMALE	
ID NUMBER							
TRADE & SPECIFIC DIVISION IN WHICH LEARNER IS INDENTURED:							

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ID NUMBER							
TRADE & SPECIFIC DIVISION IN WHICH LEARNER IS INDENTURED:							

SURNAME		INITIALS		MALE		FEMALE	
ID NUMBER							
TRADE & SPECIFIC DIVISION IN WHICH LEARNER IS INDENTURED:							

***** ONLY COMPLETE THIS SECTION IF YOU ARE REGISTERING FOR A PARTICULAR TRADE SUBJECT**



DELEGATES DETAILS FOR EXAM REGISTRATION

MARK THE APPROPRIATE BOX WITH AN X

Private Student

Company Student (Apprentice)

SURNAME					INITIALS				MALE		FEMALE	
ID NUMBER												

EXAMINATION MONTH		M	F	TRADE NO				PREVIOUS SUCCESS IN THE COURSE	YES	NO

LEVEL OF COURSE FOR WHICH YOU ARE REGISTERED	TT1	TT2	TT3

CENTRE	GAUTENG	CAPE TOWN	KWAZULU NATAL
	OTHER (PLEASE SPECIFY):		

MARK THE APPROPRIATE BOX WITH AN X

TT1		TT2		TT3	
<input type="checkbox"/>	Bindery Theory	<input type="checkbox"/>	Bindery Theory	<input type="checkbox"/>	Bindery Theory
<input type="checkbox"/>	Business Studies	<input type="checkbox"/>	Communications	<input type="checkbox"/>	Printers Administration
<input type="checkbox"/>	Envelope & Stationery	<input type="checkbox"/>	Envelope & Stationery	<input type="checkbox"/>	Envelope & Stationery
<input type="checkbox"/>	Flexography Theory	<input type="checkbox"/>	Flexography Theory	<input type="checkbox"/>	Flexography Theory
<input type="checkbox"/>	Gravure Theory	<input type="checkbox"/>	Gravure Theory	<input type="checkbox"/>	Gravure Theory
<input type="checkbox"/>	Laminating Theory	<input type="checkbox"/>	Laminating Theory	<input type="checkbox"/>	Laminating Theory
<input type="checkbox"/>	Lithography Theory	<input type="checkbox"/>	Lithography Theory	<input type="checkbox"/>	Lithography Theory
<input type="checkbox"/>	Origination Theory	<input type="checkbox"/>	Origination Theory	<input type="checkbox"/>	Origination Theory
<input type="checkbox"/>	Computer Applications	<input type="checkbox"/>	Computer Applications	<input type="checkbox"/>	Computer Applications
<input type="checkbox"/>	Packaging Theory	<input type="checkbox"/>	Packaging Theory	<input type="checkbox"/>	Packaging Theory
<input type="checkbox"/>	Printers Machinery	<input type="checkbox"/>	Printers' Mat. Technology	<input type="checkbox"/>	Printers' Mat. Technology
<input type="checkbox"/>	Rotary Offset Theory	<input type="checkbox"/>	Rotary Offset Theory	<input type="checkbox"/>	Rotary Offset Theory
<input type="checkbox"/>	Screen Printing	<input type="checkbox"/>	Screen Printing	<input type="checkbox"/>	Screen Printing

***** COMPLETE THIS SECTION TO INDICATE THE EXAMS YOU WILL BE WRITING.**



DELEGATES DETAILS FOR RE-WRITE REGISTRATION

MARK THE APPROPRIATE BOX WITH AN X

Private Student

Company Student (Apprentice)

SURNAME					INITIALS				MALE		FEMALE	
ID NUMBER												

EXAMINATION MONTH		M	F	TRADE NO				PREVIOUS SUCCESS IN THE COURSE	YES	NO

LEVEL OF COURSE FOR WHICH YOU ARE REGISTERED	TT1	TT2	TT3

CENTRE	GAUTENG	CAPE TOWN	KWAZULU NATAL
	OTHER (PLEASE SPECIFY):		

MARK THE APPROPRIATE BOX WITH AN X

TT1	TT2	TT3
Bindery Theory	Bindery Theory	Bindery Theory
Business Studies	Communications	Printers Administration
Envelope & Stationery	Envelope & Stationery	Envelope & Stationery
Flexography Theory	Flexography Theory	Flexography Theory
Gravure Theory	Gravure Theory	Gravure Theory
Laminating Theory	Laminating Theory	Laminating Theory
Lithography Theory	Lithography Theory	Lithography Theory
Origination Theory	Origination Theory	Origination Theory
Computer Applications	Computer Applications	Computer Applications
Packaging Theory	Packaging Theory	Packaging Theory
Printers Machinery	Printers' Mat. Technology	Printers' Mat. Technology
Rotary Offset Theory	Rotary Offset Theory	Rotary Offset Theory
Screen Printing	Screen Printing	Screen Printing

***** ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A RE-WRITE EXAMINATION**



PAYMENT DETAILS

Payment of the Course fees will be by:

Cheque (No: _____)

EFT/direct deposit

Please select an option

Please fax proof of payment to the chamber which you are registering with. Contact details of the various chambers can be found on Page 1

TERMS AND CONDITIONS

I, the undersigned, declare that the particulars as furnished by me on this form are correct. I accept that proof of any false information furnished, would disqualify me from participation in the national examinations.

I further certify that the above-mentioned subject entries are correct and that I am aware thereof that no amendments of this is possible, and examination scripts in respect of subjects or grades which have not been entered on this form, will be rejected

Signature of Employer/Delegate

Company Stamp (If applicable)