



**HIV COUNSELLING COURSE
REGISTRATION FORM**

R2500
Full course
R1250
Deposit

DETAILS

DATES : 3-14 DECEMBER 2018 (10 Days)

NAME AND SURNAME	
ID NUMBER	
TELEPHONE	
FAX	
EMAIL	
AMOUNT PAID	
SIGNATURE	

PAYMENT DETAILS

ACCOUNT NAME	KHANYANJALO CONSULTING CC
REG	2007/162683/23
VAT NO.	4410250262
BANK	FIRST NATIONAL BANK
ACCOUNT NO.	62153097730
BRANCH	GATEWAY
BRANCH CODE	250108
YOUR REFERENCE	INITIALS & SURNAME

NB: Deposit is non-refundable

Registration form should be emailed together with the proof of payment to the address indicated below

KHANYANJALO CONSULTING
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PINETOWN
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FAX 0865126275
dr.ndlovu@khanyanjaloconsulting.co.za