BHA School of Lighting



Enrolment Form: Short Courses

Course Nar	ne:			
Individual Inform	mation:			
First Name:			Surname:	
ID Number		Date of Rirth		Years of Lighting Experience:
ib ivairibei.		_ Daic of Billi		reals of Lighting Experience.
Email Address:				
Telephone Num	nber:		Mobile Number:	
Physical Addres	SS:			
				Code:
Employment Int	formation:			
Employer:				
Employer Addre	9ss:			
				Code:
Position:				
				/AT Number:
vviiose ridirie si		olce: Limploye		ATNUMBER
Payment Optio	n (only available for Re	lux Course): □Cash	☐ 3mths	
EFT Yes/No C	Credit Card Yes/No	SA Debit Card only		can and International Debit/Credit Cards oted via the PayFast payment gateway
Signature:				
Please select a po	avment method above	or make payment into	the followina bank a	ccount using your name as a reference
BHA School of Lig			-	<u> </u>
Bank: Account No:	FNB 62681997006	Bank SWIFT	Code: FIRNZAJJ	
Account Type:	Current			

Upon completion please forward your enrolment form and proof of payment to Philip Hammod phil@bhalighting.co.za

Branch Code:

204709