

ENROLMENT FORM

Kindly complete and email it back to us asap.	
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Name:	Surname:		Age:
Company:		Job Title:	
Physical Address:		Postal Address:	
		Province:	
City:		Telephone:	
Gender:			
Mobile:		_	
Email Address:		Special Dietary	
How did you hear about us?		Requirements:	

Our Banking Details are as follows:

Bank: ABSA

Account Name: The South African Image Company Account Number: 407 2944 729 Branch: 334334

Account Type: Cheque

Reference: Your Full Name and Surname

Kindly submit this form with your proof of your deposit payment via email to academy@saimage.co.za

Please mark your Modules of choice with an (X) in the designated column.

Mark (x)	Course		Total Cost	Deposit Required
	6 Months:	Jun - Dec 2017	R 51 300	R 25 650 (50%)
	Johannesburg:	27 Feb - 10 Mar	R 42 750	R 12 825 (30%)
	Cape Town:	29 May - 9 Jun	R 42 750	R 12 825 (30%)
	Cape Town:	28 Aug - 8 Sep	R 42 750	R 12 825 (30%)
	Bloem/PE/Pretoria: 20 Nov - 1Dec		R 42 750	R 12 825 (30%)

AGREEMENT:

- 1. The Image Consultant is not permited to train any person to be an Image Consultant with the SAIC products or resources, or with Image Consulting Systems and products produced by other companies, while being a TSAIC merchant.
- 2. No Image Consultant may start their own Image Consulting Training and Resource Company within the first year of termination of being a TSAIC Merchant.
- 3. At no time m y an Image Consultant publish any product manufactured by TSAIC with their own name or business name on it as if it were their own, unless special permission is granted for a certain reason, or if they become a Private Merchant and Purchase the Private Label Option.
- 4. I am aware of the monthly fee of R300 that will be payable to TSAIC in order to be part of this network, in order to benefit from using newly developed products, and to benefit from ordering and using TSAIC products.

I,, ID Number:		, acknowledge, understand and accept all the above stated terms.	
Signature:	Signed at	On	
On behalf of The South African Image (Сотрапу		
Signature:	Signed at	On	