



# LIGWALAGWALA TRADE INSTITUTE

ARTISAN • SKILLS & TRADE TRAINING CENTRE

## ARTISANS, SKILLS & DEVELOPMENT CENTRE ENROLMENT FORM

(To be submitted a week before your start)

<b>Course Info</b>			
Payment Method	Cash	Deposit	EFT
Start Date			

**Student Information:**

Surname		Full Names	
ID No.:			
Postal Address			
		Code	

**Home Address:**

				Code			
Tel.:		Home		Work		Cell	
Highest Grade Passed							

**Spouse/Family Member**

Surname		Names			
Tel.:		W	H	Cell	

**COMPANY INFORMATION:**

Approved by:	Initials:	Surname:				
Position						
Company Name						
Company Reg. No.:						
Company Vat No.:						
Postal Address:						
Code						
Physical Address						
Code						
Tel.:		W		H	Cell	
<b>Safety Boots Size</b>		<b>Overall size</b>				

=====



**Enrolment policies and procedures:** Companies and students

Enrolment forms must be completed and returned before course(s) can start. Full payment must be confirmed before the course(s) or courses can start.

**Nb:** No refunds, in case of a refund a 10% handling fee will apply.

**Classes**

Students are expected to attend a minimum of 70% of the classes otherwise they will be asked to repeat the course at their own cost. If the company is paying for the course the HR Department or manager in charge of the student will be notified accordingly.

**Nb:** "Remember, do not ever be fooled, nothing is for free, even a free launch is paid for "

**Training will be conducted at own risk**

Under no circumstances will courses be changed after commencement of the course(s).

I, \_\_\_\_\_ (Print full names and surname).

Have read and understand the above terms and conditions and will adhere by them.

I,	Complete if company approved
Student Name And we	Approved by: (Print Initials and surname)
The sponsoring company( Where possible) Hereby agree to be jointly and severally liable for the total fee. I/We further agree that failure to attend lectures will not deduct my / our responsibility for the fees for the full course(s). Cancellations within 10 working days prior to course(s) commencement date will incur a cancellation fee to the value of 50% of course(s) fee.	_____ (Print Position) _____ Invoice for the attention of: _____ Signature: _____ Company Stamp:
Student _____ signature: Date: _____	

**Banking details:** Bank name: Nedbank - Account Name: Ligwalagwala Construction (Pty) Ltd- Account No. 1145748279 Branch Code: 198765



**PLEASE ALWAYS EMAIL THROUGH PROOF OF PAYMENT**

**NB:** Registered as Ligwalagwala Construction (Pty) Ltd: T/A: Ligwalagwala Trade Institute (Pty) Ltd - (LTI)

**The institute is accredited by Merseta**

“EMPOWERING SKILLED FUTURE AFRICANS”

PHYSICAL ADDRESS: CNR. 7 MAX STREET & TANG ROAD, KNIGHTS – GERMISTON  
TEL.: 061 024 5628 CELL.: 082 318 4659 / 079 517 2981 / 076 560 1688  
WEBSITE: [WWW.LIGWA-LTI.CO.ZA](http://WWW.LIGWA-LTI.CO.ZA) EMAIL: [LIGWA@MWEB.CO.ZA](mailto:LIGWA@MWEB.CO.ZA)