



THE SHIPPING AND FORWARDING AGENTS' ASSOCIATION OF ZIMBABWE

FREIGHT FORWARDING PRACTICE DIPLOMA STUDENT REGISTRATION FORM

FULL NAMES.....

TITLE (MR/MRS/MISS/MS) DATE OF BIRTH.....

ID No..... MOBILE NO.

EMAIL ADDRESS.....

HOME ADDRESS EMPLOYERS NAME, ADDRESS & CONTACTS

.....

.....

.....

DESIGNATION.....

PLEASE ATTACH CETIFIED COPY OF I.D, PLUS CURRENT CV AND COMFIRMATION LETTER OF EMPLOYMENT.)

UNDERTAKING

I accept the conditions stipulated and as may be advised on enquiry for participation in the SFAAZ training course. I understand that the content of the course for which I am enrolling has been compiled and supplied by SFAAZ in good faith and I indemnify SFAAZ against any errors or omissions as a result of the use of the material from the course.

SIGNATURE OF STUDENT..... DATE.....

NB (1) NO REFUND IS PAYABLE ON WITHDRAWAL OF STUDENTSHIP.

(2) STUDENT MUST BE EMPLOYED IN THE FREIGHT INDUSTRY.

FOR OFFICIAL USE ONLY

ACCEPTED BY..... DATE.....

AMOUNT PAID..... RECEIPT NO.....

STUDENT NUMBER REGISTRATION PERIOD