



THE SHIPPING AND FORWARDING AGENTS' ASSOCIATION OF ZIMBABWE

CUSTOMS LEGISLATION AND PROCEDURES DIPLOMA

STUDENT REGISTRATION FORM

FULL NAMES.....

NAME OF COLLEGE TITLE (MR/MRS/MISS/MS)

DATE OF BIRTH..... ID No.....

MOBILE NO. EMAIL ADDRESS.....

HOME ADDRESS EMPLOYERS NAME, ADDRESS & CONTACTS

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.....
.....

DESIGNATION.....

NB: MINIMUM QUALIFICATION IS 5 'O' LEVELS, INCLUDING ENGLISH AND MATHEMATICS/ACCOUNTS.

(ATTACH CERTIFIED COPIES OF CERTIFICATES AND I.D. PLUS CURRENT CV.)

NO. OF 'O' LEVEL SUBJECTS PASSED.....

NO. OF 'A' LEVEL SUBJECTS PASSED.....

OTHER QUALIFICATONS
(PLEASE SPECIFY)

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.

FOR OFFICIAL USE ONLY

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

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

STUDENT NUMBER REGITSRATION PERIOD