



**THE SHIPPING AND FORWARDING AGENTS' ASSOCIATION OF
ZIMBABWE**

TRAINING COURSES

FIATA DIPLOMA STUDENT REGISTRATION FORM

COURSE TITLE :

NAME OF COLLEGE :

TITLE:

(FULLNAMES

DATE OF BIRTH : ID.No..... NATIONALITY:

TELEPHONE (HOME)..... BUSINESS.....

FAX No..... CELL.....

EMAIL..ADDRESS

PHYSICAL ADDRESS EMPLOYERS NAME AND ADDRESS

.....

.....

DESIGNATION / POSITION.....

QUALIFICATONS: (*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)

NB:MINIMUM QUALIFICATIONS ARE 5 'O' LEVELS, INCLUDING ENGLISH AND MATHEMATICS/ACCOUNTS.

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 NO REFUND IS PAYABLE ON WITHDRAWAL OF STUDENTSHIP.

FOR OFFICIAL USE ONLY

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

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

STUDENT NUMBER ALLOCATED..... REGISTRATION PERIOD