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### REGISTRATION FORM

Please complete all details and either fax or email back to Alcari and we will contact you with regards to dates available in your area.

#### Course details:

All our Skills programs are *Insurance Sector Education Training Authority* registered Skills programs

Qualification: QUALID 66610 FETC Short Term Insurance/QUALID 66609 FETC Retail Insurance

Please (*J*) which course you are interested in:

Skills Program Title	CREDITS	<i>J</i>
ALC_FAIS 1	30 CR	
ALC_FAIS 1(b)	20 CR	
ALC_FAIS 2	30 CR	
ALC_FAIS 3	33 CR	

Program Title	<i>J</i>
FICA UPDATE WORKSHOP	
REGULATORY EXAM PREPARATION WORKSHOP	

#### Personal Details:

Full Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Contact Numbers: Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Highest Academic Qualification e.g. Grade 12: \_\_\_\_\_

Have you completed any other FAIS Courses:

Yes

No

If yes, please specify title: \_\_\_\_\_

**Employer Details (for Invoice Purposes):**

Name of Employer: \_\_\_\_\_

Vat No: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Thanking you for choosing ALCARI

Regards

The Alcari Team