

# SAA CABIN CREW INITIAL TRAINING PROGRAMME COURSE REGISTRATION FORM

<b>PERSONAL DETAILS</b>	
Full Name and Surname	
Identity Number	
Age	
Physical Address	
Postal Code	
Postal Address	
Postal Code	
Cell Phone Number	
Alternate Cell Phone Number	
E-mail Address	
Alternate E-mail Address	
<i>Where did you hear about this training?</i>	

<b>NEXT OF KIN DETAILS</b>	
Name	
Relationship to Attendee	
Cell Phone Number	
E-mail Address	

<b>SAA COURSE TO BE REGISTERED FOR</b>	
Course Month & Course Number (E.g. October 2017, Course 1)	
Course Start Date	

I hereby confirm that I wish to be registered for the above course.  
I understand that this does not confirm my seat on the course. Confirmation will be communicated by SAA, in writing, post receipt of payment.

Name:	Signature:	Date:
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