



Cape Wine Academy

Johannesburg | 24 Kelvin Road, Bramley, Gauteng, South Africa

Tel: 011 024 3616 | Fax: 011 440 2157 | E-mail: info@capewineacademy.co.za

Western Cape | Nietvoorbij Campus, R44, Stellenbosch

Tel: 021 889 8844 | Fax: 021 889 7391 | E-mail: michelle@capewineacademy.co.za

CERTIFICATE WINE COURSE APPLICATION FORM 2011

Please ensure that you complete and return both pages of the application form when registering for the course:

Page 1: personal details (this page), page 2: payment options (following page).

PLEASE NOTE: Cancellations are only accepted 3 working days prior to module starting after which no refunds will be made.

COST/ KOSTE:

• 3 DAY course: R2995.00

OR

• EVENING course: R2795.00

OR

• Correspondence: R1700.00

Venue: STB: CT: JHB: Correspondence:

Starting date: _____

PERSONAL DETAILS: Salutation: Prof Dr Mr Mrs Miss Ms Other _____

Name: _____

Postal Address: _____

_____ Post Code: _____

Tel: (day) _____ Code: (_____) Cell: _____

Fax: (day) _____ Code: (_____) _____

e-mail: _____

Company invoice required? Please provide name, postal address and VAT No. of company to be invoiced



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CREDIT CARD (CC):

VISA: MASTERCARD: straight: OR six months budget:

CC payment in 1 instalment:

Debit R2995 (3 Day)
R2795 (evening) on commencement of course

CC payment in 2 instalments:

3 Day: Debit R 1497.50 on commencement of course with the remaining
R 1497.50 balance debited by lecture 4 of your course

OR

Evening: Debit R 1397.50 on commencement of course with the remaining
R 1397.50 balance debited by lecture 4 of your course

OR

Lecture 1 – R1000 deposit with the balance been paid off monthly
Final payment before the last lecture.

N.B. FEES HAVE TO BE PAID IN FULL BY THE TIME YOU WRITE YOUR EXAMS.

CREDIT CARD NUMBER:

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EXPIRY DATE: LAST 3 DIGITS ON BACK OF CARD (CVV No.):
M M Y Y

NAME ON CARD: _____
(Please Print)

SIGNATURE: _____ DATE: _____

CHEQUE: CASH: DIRECT DEPOSIT or INTERNET TRANSFER

CWA Banking details:

NEDBANK: Killarney
Branch code: 191605
Account number: 1916 101 968
A/C Name: CAPE WINE ACADEMY

- NB. Please use the student name or invoice number as a reference when making deposits
- Remember to fax the confirmation of payment to us.

FOR OFFICE USE:

Amount due:

Debtor A/C:

Method of payment: _____

Date received: _____

Amount received: _____

Receipt no: _____

Method of payment: _____

Date received: _____

Amount received: _____

Receipt no: _____