



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

FRONT OF HOUSE 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.

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

CREDIT CARD (CC):

VISA: MASTERCARD: straight: OR six months budget:

CC payment in 1 installment:

Debit R1 350 on commencement of the course

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: _____



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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: _____