



# 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](mailto:info@capewineacademy.co.za)

Western Cape | Nietvoorbij Campus, R44, Stellenbosch

Tel: 021 889 8844 | Fax: 021 889 7391 | E-mail: [michelle@capewineacademy.co.za](mailto:michelle@capewineacademy.co.za)

## WINES OF THE WORLD 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 R2 500 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:** \_\_\_\_\_