



Fox IT Service Management Course and Exam Booking Form

Please send this form by email to info@foxitsm.co.za or fax to: +27 (0)86 626 1591

Company and Invoicing Details (The invoice will be sent to the contact person given below)

Company name/ Private Individual		
Finance Contact		
Email		
Address		
Postal code		

Telephone No.	
VAT Number	
PO Number (attach copy of order)	
Date	

We are unable to confirm your booking without payment details or a copy of the purchase order

Delegate 1:	
Delegate Surname	
Delegate Name(s)	
Cell Number	
Job Title	
Email Address	
Date of Birth (YYYY-MM-DD)	
Course or Package	
Course Delivery Option	
Course Date(s)	
Exam Required (Y/N)	
Exam(s)	
Exam Date(s)	
**Dietary Requirement (Public Course Attendees Only)	
Disability (if applicable)	
Cost (Excl. VAT)	

Delegate 2:	
Delegate Surname	
Delegate Name(s)	
Cell Number	
Job Title	
Email Address	
Date of Birth (YYYY-MM-DD)	
Course or Package	
Course Delivery Option	
Course Date(s)	
Exam Required (Y/N)	
Exam(s)	
Exam Date(s)	
**Dietary Requirement (Public Course Attendees Only)	
Disability (if applicable)	
Cost (Excl. VAT)	

* The Course confirmation will be sent to the delegates and if required to the training department and/or HR department given in the alternative email address field above

** (We don't feed attendees re-writing Examinations as punishment for failing the first time 😊) Please do not enter "Food Please" or "As much as Possible" as whilst this is humorous we're really looking for answers such as Vegetarian, Gluten-free, low fat etc. etc. We unfortunately don't cater for Halaal meals, but kindly notify us if vegetarian meals would be suitable in this case.

By signing or completing the above, I am confirming that I am duly authorised to do so. I have read and accept the Fox IT Service Management standard terms and conditions that can be found at www.foxitsm.co.za/the-legal-stuff



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Delegate 3:	
Delegate Surname	
Delegate Name(s)	
Cell Number	
Job Title	
Email Address	
Date of Birth (YYYY-MM-DD)	
Course or Package	
Course Delivery Option	
Course Date(s)	
Exam Required (Y/N)	
Exam(s)	
Exam Date(s)	
**Dietary Requirement (Public Course Attendees Only)	
Disability (if applicable)	
Cost (Excl. VAT)	

Delegate 4:	
Delegate Surname	
Delegate Name(s)	
Cell Number	
Job Title	
Email Address	
Date of Birth (YYYY-MM-DD)	
Course or Package	
Course Delivery Option	
Course Date(s)	
Exam Required (Y/N)	
Exam(s)	
Exam Date(s)	
**Dietary Requirement (Public Course Attendees Only)	
Disability (if applicable)	
Cost (Excl. VAT)	

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Banking Details:

A/C name: Fox ITSM South Africa
 First National Bank
 Account: 62343951499
 Branch Code: 25-06-55
 A/C Type: Cheque

Authorised Signature:

Designation:

Print Name:

Date:

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