

Course Enrolment Form

Please complete and scan and email to Frans at frans@codemedix.co.za - 10 days before commencement date.

Please enrol me for the	ease enrol me for the following course commencing on															20	20					
Advanced ICD-10 Coding Course (e-Learning Platform)																						
National ID	Title																					
Last Name (Surname)																						
Full Name/s																						
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Do you have any disability?	? If s	o, w	hat?	?				<u>!</u>								<u> </u>						
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Completion of above section is compulsary for SAQA (please print) PLEASE NOTE: The following link will display the full Terms and Conditions: https://www.codemedix.co.za/companyoverview/legal/courseworkshop-terms-conditions/ Please ensure that you have read and understood the Terms and Conditions. Please select one of the course payment options below: Mark with an X Payment Method: Cash Cheque Direct Deposit Cheque to be made out to Code Medix and posted to us prior to comencement of the course, or Fees to be deposited into our bank account: Code Medix, Cheque Acc, FNB N1 City, Branch Code 250-655, Account Number 62346015119 Please email a copy of the deposit slip to Frans on frans@codemedix.co.za prior to workshop. I hereby declare that the above information is correct and accept the terms and conditions as indicated on the website.																						
Signature											 Date											