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 following course commencing on _____ 2020

Basic ICD-10 Coding Course (e-Learning Platform)

National ID	**Title**
Last Name *(Surname)*	
Full Name/s	
Home / Company Address	
	Home / Company Address Postal Code
Home Phone Number	– –
Work Phone Number	– –
Cell Phone Number	– –
Fax Number	– –
E-mail Address	
Organisation Name	
Company Order Number	
Do you have any disability? If so, what?	
Allergies	

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