



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
Introduction to ICD-10 Coding Course (e-Learning Platform)

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

Completion of above section is compulsory 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 commencement 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