

# Pest Control Industries Training Academy



## STRUCTURAL FUMIGATION Skills Course

Tel: 012 654 7708  
 Cell: 083 294 8066  
 Web: [www.pcita.org.za](http://www.pcita.org.za)  
 Liana Jonker  
 Email: [courses@pcita.org.za](mailto:courses@pcita.org.za)

***Cut-off date for all courses are on the Wednesday prior to the commencement of the course. Students will only be added to the list once full payment has been received and confirmed. Seats are limited. Use company name or student name as reference on payments. Please send forms and copy of ID to: [courses@pcita.org.za](mailto:courses@pcita.org.za)***

**STUDENT DETAILS:**

NAME: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_  
 ID NUMBER: \_\_\_\_\_  
 AGE: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RACE: MARK WITH X

BLACK AFRICAN	WHITE	COLOURED
INDIAN	OTHER	
MALE	FEMALE	

ALLERGIES/HALAAL: \_\_\_\_\_  
 DISABILITY: please indicate \_\_\_\_\_  
 \_\_\_\_\_

**COMPANY PAYING FOR COURSE:**

COMPANY:   
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 SAPCA MEMBER: YES  NO   
 SAPCA MEMBERSHIP NUMBER  
 • Please attach copy of certificate

**PERSON PAYING FOR COURSE:**

PERSON:   
 FULL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 \_\_\_\_\_

SAPCA MEMBER: R4960.00 <input type="checkbox"/>	GAUTENG <input type="checkbox"/>	DURBAN <input type="checkbox"/>	CAPE TOWN <input type="checkbox"/>	OTHER <input type="checkbox"/>
NON SAPCA MEMBER: R5460.00 <input type="checkbox"/>	_____	_____	_____	_____

**REFUND POLICY**

A request for a refund must be given in writing, clearly detailing the reason for refund. Please provide proof of bank account and account details. Refunds may take between 21-30 days to process.

Office use: Pro Forma  Invoice  Copy of ID