

Please have this F12 signed by a person with signing rights and fax it back to:
 Beryl du Toit, Fax 012 3185793 Tel: 012 3184453

F12

Aan/To: Snr Financial Accountant Financial Control Building 21	Van/From: _____ _____ _____
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**ORPLASING / REGSTELLING VAN FONDSE
 TRANSFER / CORRECTION OF FUNDS**

The following transfer/correction of funds/expenditure of the cost centers and accounts given below are herewith requested:

Debit (from)		Amount	Credit (to)	
Entity	Account		Entity	Account
				0455

This F12 serves as a registration form for a course:

Name/(s) : _____
 Job Title : _____
 Department : _____ Tel. _____
 Course name : _____
 Date of course : _____

Please take note

WHAT HAPPENS IF YOU FAIL TO ARRIVE WITHOUT 2 DAYS' PRIOR CANCELLATION

As planning is done around the no. of people booked on a course, it negatively impacts on planning, cost, materials, refreshments, etc. when people fail to arrive for courses without prior cancellation. Therefore you will be invoiced to cover costs. [A replacement may be sent in your place.](#)

* **As soon as we have received your F12 booking form, your booking will be confirmed.**

GOEDKEURING VIR DEBIET
APPROVAL FOR DEBIT

 AUTHORISED SIGNATURE

 AUTHORISED NAME

 DESIGNATION

DATE: _____

GOEDKEURING VIR KREDIET
APPROVAL FOR CREDIT

 AUTHORISED SIGNATURE

MJ LE GRANGE
 AUTHORISED NAME

Director: CCPD
 DESIGNATION

DATE: _____