

FBI School of Pastry

Skills program confirmation and payment agreement

I, _____, national ID number _____
Hereby confirm that I will attend the below mentioned skills program and on the mentioned dates at the FBI School of Pastry. I also understand that should I cancel my seat less than 2 weeks before the start of the course, I will still be held 100% accountable for payment of such course.

Course title: _____
Commencement date: _____
Fee: _____

Please include a copy of your South African Id Book or passport.

Personal details

Name and surname (print): _____
Contact details: _____ (home) _____ (mobile)
Email: _____
Work contact number: _____
Physical address (residential) _____

Signature: _____
Date : _____

Accepted: _____ (date)

FBI School of Pastry Management