

## ENROLMENT FORM

Kindly complete and email/fax back to us.

**Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Postal Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**Email Address/es:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_ **Special Dietary Requirements:** \_\_\_\_\_

**Will you be paying by Cash or Credit Card?** \_\_\_\_\_ **Credit Card Number** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Name of Cardholder** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

Kindly submit this form with your proof of your 50% deposit payment via email to [minnette@saimage.co.za](mailto:minnette@saimage.co.za).

### Our Banking Details are as follows:

**Bank:** ABSA

**Account Name:** SA IMAGE GROUP

**Account Number:** 407 747 5842 **Branch:** 632005

**Account Type:** Cheque

**Reference:** Your Full Name and Surname

**SWIFT:** ABSA ZA JJ CBF

Please mark your Modules of choice with an (X) in the designated column.

Mark	Module	Total Cost	Deposit
	Modules 1, 2, 3 & 4	R 35 000	R 17 500
	Modules 1, 2 & 3	R 35 000	R 17 500
	Modules 1, 3 & 4 or 2, 3 & 4	R 20 000	R 10 000
	Modules 1 & 3	R 18 000	R 9 000
	Modules 2 & 3	R 18 000	R 9 000
	Modules 2 & 4	R 18 000	R 9 000
	Module 1 only	R 17 000	R 8 500
	Module 2 only	R 17 000	R 8 500
	Module 3 only	R 2 000	R 2 000
	Module 4 only	R 2 000	R 2 000

### AGREEMENT:

- The Image Consultant is not permitted to train any person to be an Image Consultant with the SAIC products or resources, or with Image Consulting Systems and products produced by other companies, while being a TSAIC merchant.
- No Image Consultant may start their own Image Consulting Training and Resource Company within the first year of termination of being a TSAIC Merchant.
- At no time may an Image Consultant publish any product manufactured by TSAIC with their own name or business name on it as if it were their own, unless special permission is granted for a certain reason, or if they become a Private Merchant and Purchase the Private Label Option.
- I am aware of the monthly fee of R300 that will be payable to TSAIC in order to be part of this network, in order to benefit from using newly developed products, and to benefit from ordering and using TSAIC products. (Your first year of membership is free if you have completed our training course.)

I, \_\_\_\_\_, ID Number: \_\_\_\_\_, acknowledge, understand and accept all the above stated terms.

Signature: \_\_\_\_\_

Signed at \_\_\_\_\_ On \_\_\_\_\_