

APAC ONLINE LEARNING

MANNUAL PAYMENT FORM

Email the completed form to **stephanie.nel@apacouncil.co.za** or fax it to **011 894 3761**

SECTION A	PARTICULARS OF APPLICANT (LEARNER)						
Title:	Initials:		Gend	er: Female	Male		
Surname:	<u>.</u>			<u> </u>	<u> </u>	<u> </u>	
Full names:							
ID number:							
Registered agent: Yes(Y)/ No (N) APAC certificate number:							
Employer:							
Username:							
(This	is the email address use	ed to log into the onli					
Landline number:		 	Mobile number:				
A desirate at a second							
Administration email a	address:						
SECTION B BILLING INFORMATION							
Name that must appe	ar on invoice:						
Billing address:							
			Postal code				
VAT number:							
SECTION C MODULES YOU WISH TO ENROL FOR							
FRESH PRODUCE AGENTS							
	Module 1: What is an agent, the APAC and test your knowledge						
	Module 2: The fidelity fund, registrations, trust accounts, improper conduct and disciplinary proceedings.						
	Module 3: Inspections and investigations, conflict of interest, offences and penalties.						
Module 4: Code of conduct and receipt and sale of fresh produce.							
Examination: Modules 1 to 4 (If you enrol for all 4 modules, writing the exam is free) Examination: Re-write							
LIVESTOCK AGENTS							
Full course and examination							
Examination: Re-write							
EXPORT AGENTS	ii. Ne-write						
	and examination						
Examination: Re-write							
SECTION D	SECTION D CONFIRMATION						
	Signature				Date		
SECTION E	FOR OFFICE U	SE ONLY	Date	received:			
APAC certificate attac	hed: Yes	s(Y)/ No (N)	Proof of payme	nt attached:	Yes	(Y)/ No (N)	
Qualify for a discount:		s(Y)/ No (N)	Proof of succes	sful enrolment attached	d: Yes	(Y)/ No (N)	
Issued: S Nel Ap		oproved: L Pretorius	Invoice number	: I N			
			Invoice Amount	: R	•		