



# SGS ACADEMY ENROLMENT FORM

SGS PHILIPPINES, INC. 3rd Floor Alegria Building, 2229 Chino Roces Avenue, Makati City 1231 Philippines

Email: [furtherexcellenceph@sgs.com](mailto:furtherexcellenceph@sgs.com)

## CONTACT DETAILS

Mr  Mrs  Ms) First name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Job title: \_\_\_\_\_  
 Company name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Are you an SGS client?  Yes  No  
 Would you like to be subscribed to SGS Academy email alerts?  
 Yes  No

## \*INVOICING DETAILS (Mandatory Field)

Attention invoice to: \_\_\_\_\_  
 \*Company name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 \*Company TIN: \_\_\_\_\_  
 \*Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 \*If Personal Account: Personal TIN# \_\_\_\_\_  
 VAT exempt  Zero rated  Vatable

If Vat Exempt or Zero Rated, please send us proof of exemption or PEZA certificate. Bring or send us a copy of BIR 2307 should you withhold VAT from the total payment.

SGS Academy Makati: (632) 7849436  
 SGS Academy Cebu: (032) 2552710  
 W: [www.sgs.ph/academy](http://www.sgs.ph/academy)

\*Please write your name clearly as this will be the basis of the certificate.

## ATTENDEE 1

\*Mandatory information

\* Mr  Mrs  Ms) First name: \_\_\_\_\_  
 \*Last name: \_\_\_\_\_  
 \*Job title: \_\_\_\_\_  
 Tel: \_\_\_\_\_ \*Mobile: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 Training to be attended: \_\_\_\_\_  
 Location:  Makati  Cebu Date: \_\_\_\_\_  
 Food restriction: \_\_\_\_\_

## ATTENDEE 2

\* Mr  Mrs  Ms) First name: \_\_\_\_\_  
 \*Last name: \_\_\_\_\_  
 \*Job title: \_\_\_\_\_  
 Tel: \_\_\_\_\_ \*Mobile: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 Training to be attended: \_\_\_\_\_  
 Location:  Makati  Cebu Date: \_\_\_\_\_  
 Food restriction: \_\_\_\_\_

## ATTENDEE 3

\* Mr  Mrs  Ms) First name: \_\_\_\_\_  
 \*Last name: \_\_\_\_\_  
 \*Job title: \_\_\_\_\_  
 Tel: \_\_\_\_\_ \*Mobile: \_\_\_\_\_  
 \*Email: \_\_\_\_\_  
 Training to be attended: \_\_\_\_\_  
 Location:  Makati  Cebu Date: \_\_\_\_\_  
 Food restriction: \_\_\_\_\_

I have read and understood the Training Course Terms and Conditions.

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

## PRICE AND PAYMENT

### \*NO PAYMENT, NO TRAINING POLICY\*

All payments must be received one (1) day before commencement of the training.

## METHOD OF PAYMENT

Check payable to **SGS Philippines, Inc.**  
 Bank Deposit / Direct Deposit  
 Bank of the Philippine Islands Citibank N.A.  
 Account Name: \_\_\_\_\_ Account Name: \_\_\_\_\_  
**SGS Philippines, Inc.** **SGS Philippines, Inc.**  
 Peso Account No: \_\_\_\_\_ Dollar Account No: \_\_\_\_\_  
**1881-0441-41** **0-756228-013**  
 Swift Code: **BOPIPHMM** Swift Code: **CITIPHMX**

Please send via email the scanned copy of deposit slip together with the company details once payment is made.

- Cash Payment
- Credit Card - Visa/Mastercard (except BPI and AMEX)

## TRAINING COURSE TERMS AND CONDITIONS:

### COURSE FEE

All Public courses are exclusive of 12% VAT. All payments are non-refundable.

SGS has the right to reschedule or postpone any training should there be insufficient number of attendees for the course. There should be at least seven (7) confirmed attendees.

### CANCELLATION AND POSTPONEMENT

Cancellation by Attendee. Any cancellation or postponement of Training shall be made in writing. If Attendee wishes to cancel training or transfer to a later scheduled course, the following fees shall be due or will be deducted from payments already received (as the case may be). NO fees will be due if a substitute attendee is identified.

Days notice of cancellation / transfer prior to the commencement of the Training Services	% of Charges to pay
20 working days and above	No charge
10 working days or less	50%
On the day of the training	100%

### FOOD REQUIREMENT

For any food requirements (vegetarian, food allergy, etc.), please advise us.