



# 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) 87849436

SGS Academy Cebu: (032) 2552710

W: [www.sgs.ph/academy](http://www.sgs.ph/academy)

By providing the personal information stated in SGS Data Privacy Statement and Waiver Form, I hereby consent to the release of this information as described in the Policy

\*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: \_\_\_\_\_

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

Payments must be received 1 day before commencement of training.

## METHOD OF PAYMENT

Check payable to **SGS Philippines, Inc.**

Bank Deposit / Direct Deposit

Bank of the Philippine Islands	Citibank N.A.
Account Name: <b>SGS Philippines, Inc.</b>	Account Name: <b>SGS Philippines, Inc.</b>
Peso Account No: <b>1881-0441-41</b>	Dollar Account No: <b>0-756228-013</b>
Swift Code: <b>BOPIPHMM</b>	Swift Code: <b>CITIPHMX</b>

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

Cash Payment

Credit Card Onsite – Visa/Mastercard (except BPI and AMEX)

Credit Card Online – Visa/Mastercard/JCB

## TRAINING COURSE TERMS AND CONDITIONS

### COURSE FEE

Public courses are exclusive of 12% VAT. Payments are nonrefundable.

SGS has the right to reschedule or postpone any training should there be insufficient number of attendees (less than 7) for the course.

### CANCELLATION AND POSTPONEMENT

Any cancellation, postponement or transfer to a later scheduled course shall be made in writing. The below 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%

REMINDER: Please advise us regarding food preference, allergy, etc.

### \*HOW DID YOU LEARN ABOUT THE TRAINING?

Email Website  
 Social Media Phone Call