



A.C.B South Africa

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Exam Registration Form

Personal Information

Name	_____	Physical Address	_____
Company	_____		_____
E-Mail	_____		_____
Tel	_____	Town / City	_____
Cell	_____	Area Code	_____

Exam History

Have you written any exams before ?

- Yes No
 Microsoft Novell CompTIA Other

MCP or other ID _____

Exam Booking

Exam Name	_____	Date	_____
Exam Code	_____	<input type="radio"/> 10:00 <input type="radio"/> 12:00 <input type="radio"/> 14:00	
Voucher Code	_____		

Exam Fees

Company Order _____

Name on Invoice _____

*Invoice Postal Address *** If different from above*

Physical Address _____

Town / City _____

Area Code _____

Payment

Exam Fee _____

Cheque(Payable to "ACB South Africa")

Cash

Direct Deposit

EFT (Electronic Transfer)