



# OTI COURSE NOMINATION FORM & PURCHASE ORDER

CLIENT DETAILS				Tel Number	24604741 Ext 20, 21, 33
Company Name		Project Code		Fax Number	24692201 , 24692203
P O Box	Postal Code			Email	coursebooking@otitraining.com
Tel Number	Fax Number			For General Enquiries	info@otitraining.com
<b>ALL SECTIONS IN THIS FORM TO BE COMPLETED IN CAPITAL LETTERS – INCOMPLETE DETAILS WILL RESULT IN NON BOOKING.</b> Nomination form should be either faxed or scanned copy to be emailed to coursebooking@otitraining.com					

#	Nominee's Full Name (as per Civil ID / Resident Card )	Company / Employee No	Civil ID / Resident Card No	Course Code	Course Title	Course Date	Language (E/A/H)	Course Location *
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- Course pre-requisites should be considered for each nominee before making any booking. Nominees failing to produce evidence for pre-requisites would be considered No Shows. For course pre-requisite refer SP1157.
- The nominee must be able to understand the language of the course. This includes listening and speaking.
- “No Shows” shall be charged in full. Please note that ‘No Show’ covers all non-compliance even though the nominee physically attends for course registration.
- Cancellation must be received 48 hours before the start of the course else “No Show” will be considered and full course fees will be charged.
- \* For course request at Client sites, the clients training room must be pre-approved by PDO in order to conduct the training at their site.
- Nominees attending HSE training should be medically fit as specified in SP 1230. Supervisors nominating staff for any course should ensure that the nominee is medically and physically fit and if in doubt, refer the nominee to an approved medical practitioner.
- Please inform us of any documents needed by your Finance department along with the invoice.
- Payment is due within 30 days of receipt of the invoice.
- Lunch will be provided for Full Day courses.

CLIENT AUTHORISATION DETAILS				
Name		Tel No		<b>Company Stamp and Signature</b>
Position		GSM No		
Date		Email		