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jopie van rooyen
psychological test providers in africa

DATA FORM

Kindly fill in your details and fax this form to us at 011 781 3703 or e-mail it to custserv@jvrafrica.co.za if you would like to be put on the JvR database.

CLIENT DETAILS

Name _____ Title _____
Surname _____
Company _____
Tel () _____ Fax () _____
Cell () _____
E-mail • GENERAL _____
• ACCOUNTS _____
• BUREAU REPORTS _____
Postal Address of Company _____
_____ Code _____
Physical Address of Company _____
_____ Code _____
Personal Postal Address _____
_____ Code _____
ID Number _____

PERSON RESPONSIBLE FOR PAYMENT (if applicable)

Organisation _____
Name _____ Title _____
Department _____
Tel () _____ Fax () _____
Cell () _____ E-mail _____
Postal Address _____
_____ Code _____
VAT Number _____
Order Number _____
JvR Account Number (if applicable) _____

PROFESSIONAL REGISTRATION WITH THE HPCSA (if applicable)

Registered as _____
HPCSA Registration Number _____ HPCSA Registration Category _____

PLEASE PROVIDE SUPERVISING PSYCHOLOGIST'S INFORMATION (if applicable)

Name	HPCSA Registration Number
Tel ()	Cell ()
Fax ()	E-mail

ACCREDITATION COURSES COMPLETED AT JvR

Name of Courses	Accreditation Numbers	Year

PLEASE INDICATE PREFERRED METHOD WHEN RECEIVING MAIL FROM JvR

- Mail to company address Mail to personal address Collect from JvR
 Courier to company physical address Courier to personal physical address

PLEASE INDICATE IF YOU WOULD LIKE TO RECEIVE THE FOLLOWING

- JvR Catalogue JvR Training Schedule Monthly JvR Newsletter and other electronic marketing material

Client's Signature _____ Date _____