



**BOARD of HEALTHCARE FUNDERS  
of SOUTHERN AFRICA**

**PROFESSIONAL TRUSTEE DEVELOPMENT PROGRAMME**

***COURSE APPLICATION***

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

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

**POSTAL CODE** : \_\_\_\_\_

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

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

**POSTAL CODE** : \_\_\_\_\_

**TELEPHONE** : \_\_\_\_\_ **FAX** : \_\_\_\_\_

**E-MAIL** : \_\_\_\_\_



Johannesburg

Cape Town

*(PLEASE TICK ONE BOX)*

**PAYMENT DETAILS**

*Cost per person – R1 090.00 (excl. VAT), R1 242.60 including. VAT*

- Price includes:**
- Professional Trustee Development Programme
  - Resource documents
  - Lunch and all refreshments

METHOD OF PAYMENT: BANK TRANSFER (\_\_\_) CHEQUE (\_\_\_)

**PAYABLE TO:**

ACCOUNT NAME : **BOARD OF HEALTHCARE FUNDERS**  
BANK : **NEDBANK**  
BRANCH : **THE MALL, ROSEBANK**  
BRANCH NO : **197705**  
ACCOUNT : **CURRENT ACCOUNT**  
ACCOUNT NO : **1958449059**

**To ensure correct processing of your payment, please fax a copy of the deposit slip together with the application form to fax no.: 086 607 3627 for the attention of Zola Mtshiya**