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|----------------|---------------------------|----------|--|
| DEPARTMENT     | Technical Department (TD) |          |  |
| DOCUMENT TITLE | Training Application form |          |  |
| Effective date | Document No.              | Revision |  |
| 15 July 2022   | TEC_TR_FM_002             | 02       |  |

To: Eswatini Standards Authority  
Training unit  
P.O. Box 1399  
Matsapha

Tel: 00268 25184610  
Fax: 00268 25184526

Surname \_\_\_\_\_

Name \_\_\_\_\_

ID No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Email: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Position: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email (work): \_\_\_\_\_

Payment advice: when and How? \_\_\_\_\_

Contact person \_\_\_\_\_

Tel No: \_\_\_\_\_

**Full course fees are payable in advance at least seven (7) days before course commencement.  
Attendance is only permitted on receipt of full payment.**

**Bank Name: Standard Bank  
Acc. No: 911 000 295 6732  
Branch code: 663 464  
Branch Name: Matsapha**

Authorization Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

**Note: Attach copy of National Identification Document**