

WABCO TRAINING

Live Online Enrolment Form 2022

Please complete the grey cells. Thereafter, save this form and then email it back to us on: victor.currin@zf.com

Company Name:	<input type="text"/>	VAT No:	<input type="text"/>	Contact Person:	<input type="text"/>
Division:	<input type="text"/>	Phone:	<input type="text"/>	Your position:	<input type="text"/>
Order No:	<input type="text"/>	Cash / EFT / Acc:	<input type="text"/>	Cell No:	<input type="text"/>
Physical Address:	<input type="text"/>			Email:	<input type="text"/>
	<input type="text"/>	Qty of Trucks?	<input type="text"/>	Qty of Trailers?	<input type="text"/>
	<input type="text"/>	Preferred Airbrake Supplier?	<input type="text"/>		
Area Code:	<input type="text"/>	Preferred Trailer / Tanker Builder?	<input type="text"/>		
Testing & Certificates included. Pass mark is 60%		Qty Trailers built prev. year?	<input type="text"/>	Qty Trailers on order?	<input type="text"/>
Training Pref.	<input type="text" value="Online"/> <input type="text" value="In-House"/>	Have a Fleet Brake Spec?	<input type="text"/>	Brand?	<input type="text"/>

Candidate Name & Email		Cell Number & ID	Course/s	Dates	Time Pref. (X)		
Name:	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Mail:	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	W/Day	A/Hs	Sat.
Name:	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Mail:	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	W/Day	A/Hs	Sat.
Name:	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Mail:	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	W/Day	A/Hs	Sat.
Name:	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Mail:	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	W/Day	A/Hs	Sat.
Name:	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Mail:	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	W/Day	A/Hs	Sat.