Westlia
initiate changes
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TRAINING BOOKING FORM

Please complete the form and return it, together with a copy of your ID or passport and proof of payment, via email to **trainings@westlia.com.na** or submit the documents in person at our offices.

TRAINING INFORMATION

TRAINING TYPE & DATES

Please select the training you would like to attend. If you are interested in more than one training, you may select multiple options and indicate your preferred training date(s) as advertised or as agreed.

- ☐ Payroll Administration Training — DATE: / /
- ☐ Basic Accounting & Bookkeeping — DATE: / /
- ☐ Business Payroll Management — DATE: / /
- ☐ Payroll on Excel — DATE: / /
- ☐ Other: _____ — DATE: / /

MODE OF ATTENDACE & TIME

Please indicate how you will attend the training by selecting one option: online or face-to-face. Kindly include your preferred time **(e.g., Online 10:00–11:30)**. Please note that switching to face-to-face attendance requires prior approval, as seating may be limited. Additionally, if you need to switch from a morning session to an afternoon session in between days, kindly inform us at trainings@westlia.com.na upon submission of the form.

☐ In-person	☐ 10:00 -11:30	☐ 18:00 -19:30	☐ Other: _____
☐ Online	☐ 10:00 - 11:30	☐ 18:00 - 19:30	☐ Other: _____

PERSONAL DETAILS

Please complete all required fields with your details. Kindly attach a valid copy of your ID, passport or driver's license to this form.

Name:

Identity / Passport Number: Gender: ☐ Male ☐ Female

Phone Number:

Email Address:

Home Address:

Preferred Contact Method:

EMERGENCY CONTACT DETAILS

Name: _____

Phone Number: _____ Relationship: _____

OTHER DETAILS

BACKGROUND INFORMATION

Have you worked with us before? ☐ Yes ☐ No

How did you hear about us? ☐ Referral ☐ Website ☐ Social Media ☐ Other:

GOALS / EXPECTATIONS

Please describe your main goals, challenges, or expectations for the training

_____

_____

Additional Notes

_____

_____

CONSENT & AGREEMENT

1. Upon submission of this form, a **50%** or **full payment** is required to confirm attendance. **If a 50% deposit is paid, the remaining balance must be settled on the first day of training.**
2. By submitting this form, you acknowledge that this is a skills-based training and does not result in a formal or accredited qualification.
3. Cancellations made within **7 working days will incur a 20% fee.**
4. Cancellations within **3 working days will incur 70%**, and cancellations **on the training day will incur 100% of the training fee.**
5. Participants may attend a future training date in the event of cancellation due to emergencies or other valid reasons.
6. No refunds will be issued once training has commenced.

I hereby confirm that I have read and understood the terms and conditions, and that the information provided is true and accurate.

Client Signature: _____

PAYMENT DETAILS

Account Name: Westlia Investment CC

Account Type: Gold Business Account

Account Number: 642847655749

Branch Code: 280172

Branch Name: Windhoek

Swift Code: FIRNNANX