

TDA

ASSESSMENT

CANCELATION FORM

<i>Office use only</i>	
Action	Signature
Signed off by a manager	
Captured by finance	
Captured by the booking coordinator	
Scanned	
Linked on profile	
Confirmation sent	

PHARMACIST'S ASSISTANT COURSE

I wish to inform the S Buys Academy that I would like to cancel session on the (date)

Surname: Full Names:

Pharmacy/Group: City of Workplace:

Assessment Centre:

REASON FOR CANCELLATION:

As the S Buys Academy has already spent time processing my booking form, I understand that I will be charged a cancellation fee of:

- **R80.00 (VAT incl.) per module** if the date this form is sent to the S Buys Academy is more than 3 working days (Mondays – Fridays 08:00 – 16:00) before the assessment date.
- **R650.00 (VAT incl.) per session** if the date this form is sent to the S Buys Academy is less than 3 working days (Mondays – Fridays 08:00 – 16:00) before the assessment date.

Signature learner: Date:

Please email (training@sbuys.co.za) or fax (086 569 0222) the form before the assessment with the venue's name in the subject.

**You will receive an SMS/email confirming receipt of the form within 24 hours.
Please attach the necessary documents.**

KINDLY CONFIRM YOUR DETAILS FOR THE ACADEMY TO CONFIRM RECEIPT:	
<u>WORK TEL NO:</u>	<u>FAX NO:</u>
<u>CELL NO:</u>	<u>EMAIL:</u>

Please check the website (www.sbuys.co.za) for the year program with dates, venues, and fax numbers per venue.