|  |  |
| --- | --- |
| A close up of a sign  Description automatically generated | KEERPUNT BERADING NETWERK / TURNINGPOINT COUNSELLING NETWORK |
| KURSUS REGISTRASIE PROSEDURES |

|  |  |
| --- | --- |
| **AFDELING A** | REGISTRASIE DOKUMENT MOET DEUR ELKE STUDENT VOLTOOI WORD. |
| **AFDELING B (1&2)** | AKKREDITASIE EN VRYWARING DOKUMENTEMOET DEUR ELKE STUDENT VOLTOOI WORD. |
| **AFDELING C** | KREDIETKAART BETALINGMOET VOLTOOI WORD DEUR STUDENTE WAT KREDIETKAART BETALINGS VERKIES. |
| **AFDELING D** | DEBIET OPDRAG OOREENKOMSMOET VOLTOOI WORD DEUR STUDENTE WAT VAN KBN SE DEBIET OPDRAG FASILITEIT GEBRUIK GAAN MAAK. |
| **AFDELING E** | SKULD AFBETALING OOREENKOMSMOET VOLTOOI WORD DEUR STUDENTE WAT VAN KBN SE DEBIET OPDRAG FASILITEIT GEBRUIK GAAN MAAK. |
| **AFDELING F** | VENNOOT AANSLUITINGMOET VOLTOOI WORD DEUR ENIGE PERSOON WAT WIL DEEL WORD VAN KBN AS VENNOOT EN VOORDELE VERKRY SOOS GENOEM. |

|  |
| --- |
| ‘N AFSKRIF VAN U ID DOKUMENT MOET DIE DOKUMENTE VERGESEL ASSEBLIEF |

|  |  |
| --- | --- |
| A close up of a sign  Description automatically generated | KEERPUNT BERADING NETWERK / TURNINGPOINT COUNSELLING NETWORK |

# Vul AFDELINGS A EN B in vir registrasie van kursus

## AFDELING A: KURSUS REGISTRASIE VORMS

# *Hiermee Registreer ek vir die volgende studie metode:*

|  |  |  |  |
| --- | --- | --- | --- |
| Jaar Pakket: | [ ]  | Individuele Vakke: | [ ]  |

# *Ek wil graag die kursus op die volgende metode doen:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Klas Bywoning: | [ ]  | Afstand Studies: | [ ]  | Klas bywoning per Zoom | [ ]  |

# *Ek wil graag inskryf vir die volgende jaar pakket:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1Ste Jaar Pakket**DET1/DET2.HVD/KB/TB: | [ ]  | **2de Jaar Pakket**(DIPLOMA) | [ ]  | **3de Jaar Pakket**(GRAAD) | [ ]  | **4de Jaar Pakket**(Honneursstudies) | [ ]  |

# *Ek wil graag inskryf vir die volgende individuele vakke:*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DET 1*Diep Emosionele Transformasie*** | [ ]  | **GDET*Gevorderde Diep Emosionele Transformasie*** | [ ]  | **HVD*Huwelik -en verhoudingdinamika*** | [ ]  | **KB:*Kinderberading*** | [ ]  | **BTAB*****Basiese Tiener Adolessent Berading*** | [ ]  |

# *Ek wil graag van die volgende betaling metode gebruik maak:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Kontant (Eenmalig) | [ ]  | Kredietkaart (Eenmalig) | [ ]  | Deposito & Maandelikse Debiet Opdrag Vir Balans | [ ]  |
| Afdeling A;B | Afdeling A; B; C | Afdeling A; B; D; E |

## Voltooi asseblief die volgende inligting so volledig moontlik

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Volle Name: |  |  | ID NO. |  |
|  | Naam | Van |  |  |
|  | Epos adres:  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Adres: |  |  |
|  | Straat Adres | Poskode |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Pos Adres |  | Poskode |

|  |  |  |  |
| --- | --- | --- | --- |
| Sel Nr: |  | Tel Nr: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Beroep: |  | Werkgewer: |  | Werk No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Naasbestaande: |  | Tel: |  |

|  |  |
| --- | --- |
| Het U enige verdere kwalifikasies? (Spesifiseer asb.) |  |
| Waar het u van KBN gehoor? |  |
| Wat is u Kerkverband? |  |

## AFDELING B (1): AKKREDITASIE

**Turningpoint Counselling Network (TCN/KVB) – NPO 022-517 aim is to guide clients to understand themselves better. Understanding alone provides the possibility of healing, that can lead to a life that is blessed with a rich and fulfilled relationship with God, self and neighbor.**

**Turning Counseling Network provide non-accredited short mentored programs to equip people and maximize a person’s potential to live fulfilling lives in spite of their circumstances.Turningpoint Counselling Network provide Non-Accredited programs that does not lead to a TCN qualification outcome**

**KBN/TCN does not offer or confer qualifications but issues a proof of course completion and a transcript of the total of short courses which are conferred by Universities such as TICU into recognized credits, and by issuing a qualification (such as Bachelor of Counseling)What is accredited training? Accredited training is training which provides a person with a national qualification on completion. It is also referred as National Recognized training. (SAQA act 1995)What is the difference between a governmental accredited course and a non- accredited course? An accredited course means the course has been evaluated and found to meet strict secular governmental and industry standards. An unaccredited course does not lead to a formal national academic qualification and is not nationally recognized, however it is recognized by many institutions and church bodies in South Africa and abroad.**

**According to the South African constitution, freedom of religion is granted to all religious institutions and therefore Government will not interfere in the activities of the institution and the way involvement is expressed in either gatherings or religious presentations. Even religiously orientated training material is not obliged to carry official government accreditation. TCN/KBN is such a religious non-profitable institution and our mentored programs are exclusively orientated and rooted in the Christian faith through Biblical principles and moral values.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and surname) hereby declare that I have red through and understand the above-mentioned.**

**Signed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_202\_\_\_\_**

**Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## AFDELING B (2): VRYWARING EN VERKLARING

**Hiermee verklaar ek,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(volle name en van) en identiteits nommer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dat ek my vrywillig, sonder enige beïnvloeding van enige aard onderwerp aan die Christelike berading kursus/s van Keerpunt Berading Netwerk, soos aangebied. Ek vrywaar hiermee Keerpunt Berading Netwerk, sy uitvoerende Raad, werknemers, aanbieders en berader/s betrokke en stel hul hiermee vry van enige verliese, eise of regsaksie van watter aard ook al (hetsy deur myself, my boedel of enige ander persoon ingestel) voortspruitend uit die hulp/opleiding aan my verleen deur die aanbieder/berader. Ek verklaar verder dat ek vrywillig ingeskryf het en dat ek alle vraelyste aan my oorhandig vrywillig voltooi het.**

**Ek besef ook dat ek persoonlik verantwoordelik is vir alle kursusgelde verskuldig deur myself en onderneem om sulke gelde op die ooreengekome datums en tye aan Keerpunt Berading Netwerk oor te betaal. Ek verstaan dat indien my rekening agterstallig sou word meer as 180 dae, ek oorhandig sal word na ŉ invorderaar en ek verantwoordelik sal wees vir enige regskostes daaruit voortuitspruitend. Kursus gelde is na 7 dae NIE terugbetaalbaar nie**

**Ek verklaar ook hiermee dat ek onder geen omstandighede enige betalings of gelde verskuldig aan Keerpunt Berading Netwerk sal weerhou nie. Ek verstaan dat daar kopieregte op Keerpunt Berading Netwerk se lesings materiaal, handleidings, vraelyste, klank en video opnames sowel as praktiese sessies bestaan en is bewus van die wet op kopieregte dus beloof ek om geen duplisering van enige KBN materiaal te maak nie of my eie materiaal vir ŉ ander persoon te skenk sonder KBN se medewete nie. Indien ek skuld aangaan by KBN om kursusgelde af te betaal per welke metode, mag KBN my skuld geskiedenis nagaan by instansies soos ITC.**

**Geteken te\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Plek, Dorp/Stad) op die \_\_\_\_\_\_\_ (dag) van \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maand) 202\_\_ (Millennium)**

**Handtekening van Applikant**

**Getuie 1 Naam en Handtekening**

**Getuie 2 Naam en Handtekening**

**KBN Registrateur Naam en Handtekening**

## AFDELING C: KREDIETKAART

**‘N AFSKRIF VAN U ID DOKUMENT MOET HIERDIE AFDELING VERGESEL ASSEBLIEF**

|  |  |
| --- | --- |
| **VOLLE NAME VAN KAART HOUER:** |  |
| **VAN – VAN KAART HOUER** |  |
| **ADRES VAN KAART HOUER** |  |
| **REK NR VAN KAART HOUER** |  |

**KREDIET KAART INFORMASIE**

|  |  |
| --- | --- |
| **KAART NOMMER:** |  |
| **KAART VERVAL DATUM:** |  |
| **LAASTE 3 NOMMERS AGTER OP JOU KAART** |  |

 **Debiteer my kredietkaart met die volgende bedrag (bedrag in woorde):**

|  |
| --- |
|  |

**Debiteer my kredietkaart met die volgende bedrag (bedrag in syfers):**

|  |
| --- |
|  |

**Dui asseblief aan watter budget periode u verkies:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | [ ]  | **6** | [ ]  | **12** | [ ]  | **18** | [ ]  | **24** | [ ]  | **36** | [ ]  | **48** | [ ]  | **60** | [ ]  |

|  |  |
| --- | --- |
| **HANDTEKENING VAN KAART HOUER:** |  |

|  |
| --- |
| **KANTOOR GEBRUIK:** |
| **AUTORISATION CODE: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]**  |

## AFDELING D: DEBIET OPDRAG OOREENKOMS



568 Holihock str. Doornpoort Pretoria

P.O. Box 82610, Doornpoort, 0017

012 547 6742 / 082 449 3096

info@keerpunt.co.za / www.keerpunt.co.za

Reg. No. 022-517-NPO

**Keerpunt Berading Netwerk**

**Authority and Mandate for payments Instruction: Electronic and Written Mandates**

Given by (name of account holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adress \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of account (underline) Current , (cheque) / savings / transmission

Amount to be deducted R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to be deducted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abbreviated Name as Registered with the bank KEERPUNTBE

This signed Authority and Mandate refers to our contract dated (“the Agreement”).

 I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly,

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due may be debited against my account on \_\_\_\_\_\_\_\_\_\_\_\_

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. Mandate I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally. Cancellation I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. Assignment I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of account holder)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Assisted by)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agreement reference number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **INDIVIDUELE KURSUSSE – KLAS BYWONINGDeposito R500 & R325 X 4 Maande (Afsonderlike DVD aankope R500.00)** | [ ]  |
| **INDIVIDUELE KURSUSSE – AFSTANDSTUDIESDeposito R1000 & R300 X 4 Maande** | [ ]  |

|  |  |
| --- | --- |
| **1STE JAAR PAKKET - KLASBYWONINGDeposito R 2000 & R413 X 12 Maande (Afsonderlike DVD aankope R500.00 per kursus)** | [ ]  |
| **1STE JAAR PAKKET – AFSTANDSTUDIESDeposito R2500 & R496 X 12 Maande** | [ ]  |

|  |  |
| --- | --- |
| **2DE JAAR PAKKET (DIPLOMA) – SLEGS AFSTAND STUDIESDeposito R 2000 & R413 X 12 Maande**  | [ ]  |

|  |  |
| --- | --- |
| **3DE JAAR PAKKET (GRAAD) – SLEGS AFSTAND STUDIESDeposito R 4000 & R250 X 12 Maande**  | [ ]  |

|  |  |
| --- | --- |
| **4DE JAAR PAKKET (HONNEURS) – SLEGS AFSTAND STUDIESDeposito R 4000 & R250 X 12 Maande**  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATUM VAN AANSOEK:** |  | **HANTEKENING VAN AANSOEKER**: |  |

## AFDELING E: SKULD AFBETALING OOREENKOMS

Ek/ons versoek u hiermee om my/ons rekening by bogenoemde (of ander bank of tak waarheen ek/ons my/ons rekening mag oorplaas met (bedrag in syfers)

**R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (bedrag in woorde) te debiteer (die bedrag nodig vir die betaling van die maandelikse paaiement/premie verskuldig ten opsigte van die bogenoemde ooreenkoms/versekering) op die \_\_\_\_\_\_\_\_dag van elke maand met Ingang van \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_en dat alle sodanige onttrekkings uit my/ons bankrekening deur u behandel sal word asof dit deur my/ons persoonlik onderteken is.

**EK VERSTAAN DAT EK/ONS AANSPREEKLIK IS VIR DIE BETALING VAN DIE VOLLE BEDRAG VAN DIE KURSUS**. Ek/ons verstaan dat die onttrekkings wat hiermee gemagtig word deur rekenaars verwerk sal word deur middel van die ACB magneet banddiens en ek/ons verstaan ook dat die besonderhede van elke onttrekking op my/ons bankstate of op ŉ bygaande strokie gedruk sal wees.

Ek/ons stem toe om enige bankkostes met betrekking tot hierdie debietorder opdrag te betaal.

**EK VERSTAAN DAT REKENINGE MEER AS 180 DAE AGTERSTALLIG SAL OORHANDIG WORD, EN DAT EK (SKULDENAAR) VERANTOORDELIK IS VIR ALLE REGSKOSTES, en dat skuld eienaar op kredietburo geplaas mag word**

Die ontvangs van hierdie opdrag deur u word as ontvangs daarvan deur my/ons bank (soos die geval mag wees) geag.

**OORDRAG:**

Ek/Ons erken dat die party wat hiermee gemagtig is om die trekking(s) teenoor my/ons rekening te behartig, geen van sy/hulle regte aan ‘n derde party mag afstaan of sedeer sonder my/ons skriftelike toestemming wat vooraf verkry is nie, en dat ek/ons geen van my/ons verpligtinge ingevolge hierdie kontrak/magtiging aan ŉ derde party mag delegeer sonder die skriftelike toestemming wat vooraf van die gemagtigde party verkry is nie.

**Ek stem daartoe in dat indien hierdie ooreenkoms nie op datum betaal word nie, sal ek die totale bedrag onmiddelik betaal.**

**Indien ek versuim om bogenoemde ooreenkoms na te kom kan onmiddelike regsstappe geneem word vir die invordering van die gelde.**

**Dit sluit uitstaande bedrae sowel as rente teen ABSA prima koers en regskostes in.**

**Ek besef ook dat ek die kursus / studiemateriaal as ŉ geheel aankoop ongeag of ek dit maandeliks afbetaal en is sodoende**

**verantwoordelik vir die volle uitstaande bedrag indien ek om enige rede die kursus sou staak**.

Onderteken te \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ op hierdie \_\_\_\_\_\_\_\_\_\_\_\_\_\_dag van \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_\_\_\_\_\_\_

…………………………………................. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HANDTEKENING VAN AASOEKER HANDTEKENING VAN GETUIE**

## AFDELING F: KBN VENNOOT AANSLUITING

**VUL ASSEBLIEF ALLE INLIGTING DUIDELIK EN LEESBAAR IN…
ONVOLLEDIGE DOKUMENTASIE GAAN NIE GEPROSESSEER WORD NIE…
MERK ASSEBLIEF MET ‘N X**

|  |  |
| --- | --- |
| KBN VENNOOT: | [ ]  |

## Voltooi asseblief die volgende inligting so volledig moontlik

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Volle Name: |  |  | ID NO. |  |
|  | Naam | Van |  |  |

|  |  |  |
| --- | --- | --- |
| Adres: |  |  |
|  | Straat Adres | Poskode |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Pos Adres |  | Poskode |

|  |  |  |  |
| --- | --- | --- | --- |
| Sel Nr: |  | Tel Nr: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Beroep: |  | Werkgewer: |  | Werk No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Naasbestaande: |  | Tel: |  |

|  |  |
| --- | --- |
| Het U enige verdere kwalifikasies? (Spesifiseer asb.) |  |
| Waar het u van KBN gehoor? |  |
| Wat is u Kerkverband? |  |

|  |  |
| --- | --- |
| **NAAM VAN BANK:** |  |
| **TAK NOMMER:** |  |
| **REK NOMMER:**  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **TIPE REKENING:** | SPAAR [ ]  TJEK [ ]  ANDER [ ]  |
| **DEBITEER OP – DAG, MAAND, JAAR:** |  |

## Handtekening van aansoeker

Ek \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gee KBN toestemming om die bedrag van R100.00 per maand te neem vanaf my rekening vir die Vennootskap aansluiting.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**SLUIT AAN BY KBN AS ‘N VENNOOT EN VERKRY DIE VOLGENDE VOORDELE:**

* 20% afslag op Boekies en DVD’s
* Gratis seminare en ander byeenkomste
* Word op datum gehou met verwikkelinge, seminare en enige nuwe kursusse by KBN
* Toegang tot die webtuiste vir aflaai van gratis material en video’s

**SLEGS R100.00 PER MAAND!!!**

