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# Enrolment form

COURSE	
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FIRST NAME (S)		STREET ADDRESS	
LAST NAME		SUBURB	
CELLPHONE		CITY	
EMAIL		EMPLOYER	
DATE OF BIRTH		CITY OF BIRTH	
AGE		COUNTRY OF BIRTH	
DRIVERS LICENCE NUMBER (5A)		ISSUE DATE (4A)	

**Terms**  
 Payment is required on enrolment. We prefer internet transfers to our Kiwibank account # 38-9009-0361209-00. (Please use your surname as the reference).  
 We also accept cash and eftpos at the office. We also accept Visa and Mastercard. Credit cards incur a 3% surcharge.

**Conditions**  
 I understand that fees must be paid in full and that any outstanding amounts may be sent to a debt collection agency and I will be responsible for any collection costs. Interest will be charged on overdue accounts at 3% per week.  
 I accept full financial responsibility for any damage I may cause to any vehicles or property, and/or any traffic offences I may commit.  
 I agree to receive email communication from Drivewright on other courses and special offers.  
 Signed \_\_\_\_\_

	<b>OFFICE USE ONLY</b>	<b>DRIVER'S LICENCE PHOTOCOPY</b>
RECEIPT #		
COURSE		
START DATE		