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TRAINING MATERIAL ORDERING FORM

TMOF

Surname : _____

First Names : _____

I.D. Number : _____

Postal Address : _____

Club/School/Organisation : _____

Order Number: { Instr no: /yy/mm/dd } _____

Instructor Number:_____

Proof of Payment :_____

Material to be ordered:

Course Material Requested	Quantity	Unit Price	Total	Comments

Method of Delivery:	**Speed Post:** ☐	**Postage:** ☐	
Courier: ☐	Overnight Express: ☐	Registered Post ☐	

Signed: _____ Date:_____