REGISTRATION FORM – COEGA Driver Training Programme

Name and Surname	
ID Number	
Contact Number	
Residential Address	
Learners License Code	
Driving Experience	
Test Date and Time	
Testing Centre	
Email address	
Employment Status/Student	

I hereby confirm all information to be true and correct upon registration for the Driver Training Programme and that I will attend all scheduled training.

Name……………………………………………………….Signature…………………………..……………

Date:……………………………………………..