

**SCUBA
SOUTH
AFRICA**



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**SCUBA
SOUTH
AFRICA**



DIVING COURSE: _____

Full name: _____

Start Date of course: _____

Nationality: _____ Passport Number: _____

Type of credit card: _____ Expiry date of card: _____

Card number: _____

Last three digits on back of card: _____

Name of issuing bank: _____

Amount: ZAR _____ deposit) _____

Office telephone number: _____

Email address: _____

I hereby accept that WebPeople (Pty) Ltd may debit my credit card as per the amount above.

Please email the form back to: info@scubasouthafrica.com or fax to +27 (0)21 554 1380 or +27 28 3842794

Cardholder's signature: _____ Date: _____