



## South African Institute for Skippers

Authorized Agency of the South African Maritime Safety Authority Ref: SM 2/3/3/1

PO Box 1761 DURBANVILLE 7551 Tel (021) 975 3281 Fax (021) 975 8552  
E-mail: info@saskipper.com

Dear aspiring Skipper

The next skipper course will take place on **18 July 2009** from 08:00 to 17:00 in the **Training Centre of Sanlam Head Office in Bellville**. The practical test takes place on Sunday, **19 July** and the theory test at 18:00 on Thursday, **23 July**.

The course cost is R 1 200 for Category C (15 nautical miles) and R 1 000 for Category E (1 nautical mile) or Category R (inland water). This includes all study material, the examination fee, the SAMSA issuing fee, eye examination fee and practical. It does not include the cost of four ID photos or medical examination fee.

This course has the approval of SAMSA (*South African Maritime Safety Authority*). At the completion of the course and passing the examination, you will be awarded the **National Certificate of Competency: Power Driven Vessel Day Skipper Category R, E or Category C** issued by SAMSA.

Enclosed, please find the enrolment form. Please complete and return it to us by fax. The fee is payable in cash on the date of the course or before the course into our bank account.

<b>Bank:</b>	<b>ABSA, Durbanville</b>
<b>Acc name:</b>	<b>SAIS</b>
<b>Type of acc:</b>	<b>Savings</b>
<b>Acc nr:</b>	<b>921 390 6789</b>
<b>Branch code:</b>	<b>632 005</b>

**Please make sure that your name and the amount appears bold on the deposit slip. Fax the deposit slip to (021) 975 8552.**

Kind regards  
George van Greunen  
Instructor



## South African Institute for Skippers

Authorized Agency of the South African Maritime Safety Authority Ref: SM 2/3/3/1

PO Box 1761 DURBANVILLE 7551 Tel (021) 975 3281 Fax (021) 975 8552

E-mail: info@saskipper.com

### ENROLMENT FORM: SKIPPER COURSE

Please enroll me for the course to be conducted on 18 July 2009.

Please indicate which course: Category C / Category E / Category R

Full name:.....

ID Number.....

Postal address:.....

.....Postal code:.....

Telephone numbers:

Home:.....

Work:.....

Cell:.....

Fax:.....

E-mail (please print in capital letters):.....

I understand that once I have booked a place on the course, I shall be liable for the full fee.

Signed:.....

Date:.....

Please fax this form to 021 975 8552. Once we receive the completed form, an acknowledgement of receipt as well as the address of the course venue will be faxed to you.