



**HARRIS TRAINING
SERVICES LTD**

NEW & EXISTING CLIENT FORM

Thank you for choosing Harris Training Services for your training requirements. Please help us to exceed your expectations by filling out your details.

Company Name

Individual Name (if applicable)

Title First Name Last Name

Phone Mobile

Email for billing purpose Name

Email for electronic certificate or results Name

Physical Address

Street

Suburb

Province/Region Post Code

Postal Address (if different from above)

Street

Suburb

Province/Region Post Code

Title First Name Last Name

Position with the Company

Signature

In signing this form you undertake to comply with the published Terms and Conditions of **Harris Training Services Ltd**. Please find our full terms and conditions overleaf or can be viewed online www.harristraining.co.nz

We firmly believe in the privacy & security of your personal information. As such, any information you share, will be kept strictly confidential.