



ISO 35001:2019 Lead Auditor Registration Form - Local (South Africa)

Implementation and Auditing of a Biorisk Management System (5-Day Course)

Exemplar Global certified training by BRMI in association with AFMS.

Dates	11-15 March 2026
Venue	Midrand - Labotec Park, 21 Bavaria Ave, Randjespark, Midrand, 1685 PO Box 6553, Halfway House 1685, South Africa
Course fee	R 37 500 pp (excl. accommodation) Currency: South African Rand (ZAR)
Bookings & enquiries	PA@AFMS.BZ +27 66 474 1523 +27 11 462 0120

Please complete this form in BLOCK CAPITALS. Use the details exactly as they appear on your ID or passport and attach a clear copy.

1. Delegate information

Full names	Surname
ID/Passport no.	Nationality
Job title	Department
Organisation	Country
Email	Mobile
Dietary requirements	Special needs / accessibility
Emergency contact (name)	Emergency contact (number)

2. Billing and invoice information

If an organisation is paying, please complete the billing details below. An invoice will be issued on receipt of this form.

Billing entity / organisation	
VAT/Tax number (if applicable)	
Billing address	
Invoice email address	
Internal reference / cost centre	

3. Registration summary

Item	Dates	Fee
ISO 35001:2019 Lead Auditor - 5-Day Course	11-15 March 2026	R 37 500 pp
Total		R 37 500 pp

Note: Registration is confirmed only once payment has been received. Participant numbers are limited.

4. Declaration and consent

I confirm that the information provided in this form is accurate and complete.

I understand that accommodation, travel and any visa costs are excluded unless stated otherwise.

I understand that AFMS/BRMI may contact me regarding course logistics and certification requirements.

Photo/video consent (optional): I consent to being photographed/filmed for training and marketing purposes. Yes []
No []

Delegate name	
Signature	
Date	

- 1) Registration includes a Full day conference with snacks and lunch and refreshments.
- 2) Registration is not complete without full payment received. Purchase orders are not accepted.
- 3) Please advise if you need a Pro-forma invoice.
- 4) Payment to be made to the following bank account with attendee's name and surname as reference:

Name of Account: **AIR FILTER MAINTENANCE SERVICES RSA (PTY) LTD**
ABSA Cheque Account: **4087498967**
Branch Name: **SANDTON 1 GROWTH**
Branch Code: **631113**

Please email this form together with proof of payment and a copy of your ID/passport to pa@afms.bz

For more information on the course please email jaco@afms.bz

ISO 35001:2019 Lead Auditor Registration Form - International

Implementation and Auditing of a Biorisk Management System (5-Day Course)

Exemplar Global certified training by BRMI in association with AFMS.

Dates	11-15 May 2026
Venue	Midrand - Labotec Park, 21 Bavaria Ave, Randjespark, Midrand, 1685 PO Box 6553, Halfway House 1685, South Africa
Course fee	\$ 2 500 pp (excl. accommodation) Currency: US Dollars (USD)
Bookings & enquiries	PA@AFMS.BZ +27 66 474 1523 +27 11 462 0120

Please complete this form in BLOCK CAPITALS. Use the details exactly as they appear on your ID or passport and attach a clear copy.

1. Delegate information

Full names	Surname	
ID/Passport no.	Nationality	
Job title	Department	
Organisation	Country	
Email	Mobile	
Dietary requirements	Special needs / accessibility	
Emergency contact (name)	Emergency contact (number)	

2. Billing and invoice information

If an organisation is paying, please complete the billing details below. An invoice will be issued on receipt of this form.

Billing entity / organisation	
VAT/Tax number (if applicable)	
Billing address	
Invoice email address	
Internal reference / cost centre	

3. Registration summary

Item	Dates	Fee
ISO 35001:2019 Lead Auditor - 5-Day Course	11-15 May 2026	\$ 2 500 pp
Total		\$ 2 500 pp

Note: Registration is confirmed only once payment has been received. Participant numbers are limited.

4. Declaration and consent

I confirm that the information provided in this form is accurate and complete.

I understand that accommodation, travel and any visa costs are excluded unless stated otherwise.

I understand that AFMS/BRMI may contact me regarding course logistics and certification requirements.

Photo/video consent (optional): I consent to being photographed/filmed for training and marketing purposes. Yes []
No []

Delegate name	
Signature	
Date	

- 1) Registration includes a Full day conference with snacks and lunch and refreshments.
- 2) Registration is not complete without full payment received. Purchase orders are not accepted.
- 3) Please advise if you need a Pro-forma invoice.
- 4) Payment to be made to the following bank account with attendee's name and surname as reference:

Name of Account:	AFMS
ABSA Cheque Account:	4045077094
Branch Name:	SANDTON 1 GROWTH
Branch Code:	631113

Please email this form together with proof of payment and a copy of your ID/passport to pa@afms.bz

For more information on the course please email jaco@afms.bz