



## Certificate in Digital Marketing Registration Form (June 2017).

### Personal details:

Name in full.....Surname.....

ID /Passport number.....Date of birth.....

Cell:..... Email address.....

Permanent Address.....

University /College/Institute: .....

Top most Qualification held (please indicate below whether you have masters, degree):

.....

Year of study .....Year of completion.....

### Company details:

Company name.....

Post Held in Organization.....

Company Postal address..... (W)Phone Number .....

### Please tick the class preferred below:

1. Introduction to Digital Marketing, (6Week program targeted at those who just need a basic appreciation of Digital Marketing)

2. Certificate in Digital Marketing, (6 Month program targeted at personnel who need the practical day to day Digital Marketing Activities experience)

### Payment Details:

▪ Sponsor (Please tick)  Personal  Company

▪ Frequency (Please tick)  Once off Payments  Monthly Installments

### **DECLARATION**

The information supplied is true and I do here by agree to abide by the rules and regulations of the Marketing Association of Zimbabwe as set out in the constitution and by-laws.

Date .....Applicant’s signature.....

### **MAZ Payment Details**

1. Ecocash Merchant Code:15535

2. Bank: Stanbic  
Account Name: Marketers Association of Zimbabwe  
Account No; 9140000158460  
Branch: Samora Machel Avenue