



International Client Registration Form

This form must be completed by individuals who wish to purchase psychological or educational tests and related materials. It must also be signed by the person who will assume overall professional responsibility for the use of such tests and interpretation of results. Please type or complete with black ink. Return to sales@mindmuzik.com or fax to +27 (012) 342 2728. Please read Mindmuzik Terms and Conditions for Business.

General Information

Surname	Name	Title
Organisation Name (if applicable)	VAT Registration No. (if applicable)	
Address:	Organisation	Residence
Street address	Street address line 2	
City	Province	Postal code
Country		
Daytime telephone number	Cellphone Number	Fax Number
E-mail address		

Billing Address

Same as above		
Contact person	Business name	
Postal address	Postal address line 2	
City and Province	Country	Postal code

Shipping Address

Same as above

Contact person

Business name

Street address

Street address line 2

City and Province

Country

Postal code

Professional Information

Please check all that apply:

☐ I plan to order materials for myself.

☐ I plan to order materials on behalf of an organisation* (private or public school system; hospital, clinic, or counselling center; university or college; government or social agency, private company).

** To purchase restricted materials, the organisation must have qualified professionals on staff who will oversee the use of these materials. It is the Practitioner's responsibility to ensure that restricted materials be transferred to an appropriately qualified person should they leave the organisation.*

If registered or certified, please complete below.

Category: (Please select all applicable to you)

Certifying Organisation

Registration Number:

Clinical Psychologist

Counselling Psychologist

Telephone number

Registration Category

Educational Psychologist

Industrial Psychologist

E-mail Address

Country

Research Psychologist

Psychometrist - Independent Practise

Street Address

Registered Counsellors

Intern / Student.

City

Occupational Therapist

Speech Language and Hearing

SEN / Remedial Educators

Other

Highest Professional Qualification

Tertiary Institution

Signature

I certify that the details supplied are correct to the best of my knowledge and I will immediately notify Mindmuzik Media of any changes that may affect my qualification to purchase. I agree to protect clients and the integrity of restricted publications by ensuring that they are not used by unauthorised persons. I agree I will not resell any restricted Mindmuzik Media products. I agree to supervise the use of all test materials purchased from Mindmuzik Media and to adhere to the professional and ethical standards of the Health Professions Council of South Africa or the equivalent or appropriate board/council in the country where the tests would be conducted or where I am registered. I also agree to recognize all copyrights and will not reproduce or cause to be reproduced in any form whatsoever, including but not limited to electronic or computer applications, for any purpose any materials protected by copyright. I have read and hereby agree to abide by Mindmuzik Media's Terms and Conditions (as found at www.mindmuzik.com). I have read and agree to the foregoing statements.

I have read Mindmuzik's Terms and Conditions of Business

Please print & sign the form, we can not approve registration if only names are typed in the Signature block.

Signature

Date

Use under supervision

Your supervisor must complete this section if you are a student / intern using materials for coursework or research or if you are personally purchasing the materials but require supervision for their use. Terms and conditions apply.

Certification by Supervisor:

I certify that (a) I will supervise this individual's use of any test materials purchased from Mindmuzik Media in accordance with the Health Professions Council of South Africa's regulations, guidelines and ethical use, or the ethical use and guidelines as defined by the appropriate board/council in the country where the tests would be conducted, that (b) I am qualified to do so and (c) that all materials will be collected by me should the intern/student not qualify.

Relevant Professional Registration Number:

Category of registration:

Contact Number:

Email Address:

Signature

Date

Reg. No.: 2000/023975/07
Office: 140 Gordon Road, Colbyn, Pretoria, 0083, South Africa;
Postal address: PO Box 2904, Brooklyn Square, 0075
Tel: +27 (012) 342 1606 Fax: +27(012) 342 2728
E-mail: sales@mindmuzik.com Website: www.mindmuzik.com