

Date:

To

The Training Coordinator
Eface Softwares Limited
950 Great West Road
The Profile West,
Brentford, England, TW8 9ES

Dear Sir/Madam,

Sub: Application and acceptance of terms of engagement with your organisation.

I, undersigned, in a form of this application letter would like to engage with your organisation to receive your professional training in a form of:

- Personalised Online Training and Workshops
- A completely customisable training course list
- Professional Profile Build up services and relevant guidance

I hereby agree that;

1. The payment agreement starts from the date of this application.
2. The fees and variations thereof are to be paid as per the payment plan.
3. The method of payment is online payment to the organisation business account
4. Any variations are to be agreed and approved in writing from the training coordinator
5. I am fully aware of the costs and my obligations to pay for and attend the courses/artefacts designed for me.
6. I'm solely responsible for organising and scheduling of the sessions with the training coordinator
7. The training fees are non-refundable, and no partial or full refund would be available as result of breach of any of the terms.
8. Neither these terms nor the supply of any information in course thereof grants the Recipient any licence, interest or right in respect of any intellectual property rights of the other party
9. The Participant is obligated not to share information associated with the persons, sessions, payments to anyone except the parties involved. Any failure to comply or If any of this information appears in public domain, would be treated as noncompliance of this agreement resulting immediate termination of the engagement. No partial or full refund would be applicable in such an instance

By signing this form, I confirm that I give consent to the processing of each of the items mentioned above for eFACE's business purposes. eFACE provides adequate protection for my personal information in accordance with relevant policies.

Signed By (Full Name)	
Sign	
Date	