**Corporate Freedom Pass (CFP 10) Delegate Enrollment Form**

Use this form to enroll from 1 to 10 Delegates in any single course available on [www.sofemaonline.com](http://www.sofemaonline.com)

**Conditions - Please always use this email for any communication regarding your CFP**  [team@sassofia.com](mailto:team@sassofia.com)

* 10 Slots are initially available and can be assigned to any Company Nominated Employee
* Once a training is completed the Slot is available and can be reassigned to your next Employee
* This Form must be used for all enrollment requests and all fields to be completed
* Provide the Delegates full name as this is required for the Certificate
* For Control & Audit Purposes we suggest you keep a Hard or Electronic Copy of Each Submission
* Enrollments can be made 7 days / Week & normally the enrollment will be completed as soon as possible within 1 business day
* Confirmation of Enrollment will be sent to Delegate & Company Administrator
* The Delegate is responsible to advise you when the course is completed and to provide you with his / her certificate after passing the exam

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Information of Company Administrator  Name:  Email:  Phone: | | | CFP Enrollment Request No | Date of Enrollment Requested | |
| To be filed by Sofema\* | |
| CFP Number | Full Name of Delegate | Requested Course | Unique Delegate Email | Username\* | Assigned Password\* |
| CFP # 1 |  |  |  |  |  |
| CFP # 2 |  |  |  |  |  |
| CFP # 3 |  |  |  |  |  |
| CFP # 4 |  |  |  |  |  |
| CFP # 5 |  |  |  |  |  |
| CFP # 6 |  |  |  |  |  |
| CFP # 7 |  |  |  |  |  |
| CFP # 8 |  |  |  |  |  |
| CFP # 9 |  |  |  |  |  |
| CFP # 10 |  |  |  |  |  |