



# Healthy Choice

## REGISTRATION FORM

COURSE YOU ARE ATTENDING AND DATE.....

FULL NAMES AND SURNAME.....

ID OR PASSPORT NUMBER.....

RESIDENTIAL ADDRESS .....

POSTAL ADDRESS.....

WORK PHONE NUMBER .....

HOME PHONE NUMBER .....

EMAIL ADDRESS.....

OCCUPATION.....

METHOD OF PAYMENT .....

SIGNATURE.....

SIGNED AT ..... ON.....

### BANKING DETAILS

**Bank:** FNB  
**Branch:** Sea Point  
**Branch Code:** 201809  
**Name:** M van der Westhuizen  
**Type:** Cheque Account  
**Account No:** 62513323238  
Reference must always have  
Initials and Surname of person  
attending the course.

### SNAPSCAN

Please send an email/Whatsapp  
with the date and time of payment.



### PAYPAL

PayPal.me/markcq

**T/Dr Markus van der Westhuizen** (Dip. H SAH, TMP ANHA, Dip. TT DMS, Dip. PKP ICPKP)

Herbalism (ANHA 000 10511/009) • Kinesiology (ASKSA 142/14 • PKPASA 2015031) • Reiki (RMA 00136) • Crystal Healing  
Aura Healing • Past Life Regression • Energetic Recalibration • Namikoshi Shiatsu • Holistic Massage • Indian Head Massage  
Inversion • Tachyon Practitioner & Consultant • Pachakuti Mesa Tradition Curandero and PMT Mesa Carrier

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