



# mSCOA BASIC ACCOUNTING TRAINING

**Booking will only be confirmed on receipt of your registration form and full payment**

*Please complete the form in block letters*

## A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT

**Name of Employer / Municipality**

Postal Address

Postal Code

VAT Registration No.

**Name of person responsible for payment**

Surname & Initials

Designation

Telephone No

Fax No

E-Mail

I hereby acknowledge that I have read and understood the terms and conditions of registration:

Surname \_\_\_\_\_ & Initials \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_

### Registration Fees Payable

|                           |                   |   |
|---------------------------|-------------------|---|
| <b>CIGFARO Members</b>    | <b>R 3 990.00</b> | <b>CIGFARO is a<br/>SAQA Recognised Professional Body<br/>Earn 6 CPD points</b> |
| <b>CIGFARO Non-Member</b> | <b>R 4 290.00</b> |   |

## B) DETAILS OF DELEGATES

|   | Membership status                  | Terms & Conditions   |
|---|------------------------------------|--|
| 1 | Surname: CIGFARO Member            | <b>PAYMENT OF THE TRAINING INCLUDES:</b><br>· File of training material;<br>· Refreshments and lunches at the training venue;<br><b>CANCELLATION</b><br>· You may cancel without penalty if written cancellation request is received 5 days prior to the start of the training.<br>· No refunds or credits will be issued on cancellation request, however substitution is permitted 3 days prior to the training provided the name changes are communicated to the office by email. |
|   | Caller Name: Non-Member            |  |
|   | ID NO.: PROVINCE                   |  |
|   | Designation:                       |  |
|   | Cell No: Dietary Requirement:      |  |
|   | E-Mail: Halaal / NONE / Vegetarian |  |
| 2 | Surname: CIGFARO Member            |  |
|   | Caller Name: Non-Member            |  |
|   | ID NO.: PROVINCE                   |  |
|   | Designation:                       |  |
|   | Cell No: Dietary Requirement:      |  |
|   | E-Mail: Halaal / NONE / Vegetarian |  |
| 3 | Surname: CIGFARO Member            |  |
|   | Caller Name: Non-Member            |  |
|   | ID NO.: PROVINCE                   |  |
|   | Designation:                       |  |
|   | Cell No: Dietary Requirement:      |  |
|   | E-Mail: Halaal / NONE / Vegetarian |  |

**CIGFARO Banking details:**  
 ABSA Bank, A/c 0170 167 376, Branch 632005  
 VAT Number: 4220122701  
*\*all prices include VAT*

**Total Payment** R \_\_\_\_\_

**Tax invoice** Yes / No

**For more information e-mail [getrude@cigfaro.co.za](mailto:getrude@cigfaro.co.za) or contact the office 011-394-0879**

Please quote Organisation or invoice number on deposit slips.  
 Kindly fax proof of payment to **086-605-4227** (alternatively 086-662-0969)