

mSCOA BUDGETING 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

CIGFARO Members

R 4 140.00

CIGFARO Non-Member

R 4 440.00

**CIGFARO is a
SAQA Recognised Professional Body
Earn 6 CPD points**

B) DETAILS OF DELEGATES

Membership status

Terms & Conditions

B) DETAILS OF DELEGATES		Membership status	Terms & Conditions
1	Surname:	CIGFARO Member	<p>PAYMENT OF THE TRAINING INCLUDES:</p> <ul style="list-style-type: none"> File of training material; Refreshments and lunches at the training venue; <p>CANCELLATION</p> <ul style="list-style-type: none"> You may cancel without penalty if written cancellation request is received 5 days prior to the start of the training. 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 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)