



KWAZULU NATAL BRANCH

PLEASE COMPLETE THE FORM
AND return it to kznbranch@cigfaro.co.za



REGISTRATION FORM

INTERNAL AUDIT TRAINING: DECEMBER 2019

DETAILS OF EMPLOYER/MUNICIPALITY

Please tick Applicable	Without Accomodation	<input type="checkbox"/>
	With Accomodation	<input type="checkbox"/>

Surname:	
Name:	
Municipality:	
Designation:	
Email:	
CellPhone Number:	