



AUDIT & RISK INDABA 20-21 APRIL

DURBAN ICC (FACE TO FACE & VIRTUAL)

**EFFECTIVE AUDITING AND RISK MANAGEMENT IN
CURRENT ENVIRONMENT (MSCOA & COVID-19)**

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

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

Face-2-Face

Virtual

CIGFARO Member	R 3 999.00	R 1 748.00
Non-Member	R 4 599.00	R 2 348.00
Private Sector	R 5 748.00	R 2 935.00

B) DETAILS OF DELEGATES

Membership status

Terms & Conditions

1	Surname:	_____	PAYMENT OF THE FACE-2-FACE FEE INCLUDES: • Attendance at the conference and entrance to exhibition; • A bag with information; • Refreshments and lunches at the venue;
	Caller Name:	CIGFARO Member _____	
	ID NO.:	_____	
	Designation:	Non-Member <input type="checkbox"/>	
	Cell No:	Dietary Requirement: _____	
	E-Mail:	_____	
2	Surname:	_____	CANCELLATION • No refunds or credits will be issued on cancellation requests received less than 21 days prior to the start of the event. • Substitution is permitted at any time provided the name changes are communicated to the organisers by fax or e-mail. • In the event of unforeseen circumstances the organisers reserve the right to change the programme. • You give permission to share your contact details with the exhibitors only.
	Caller Name:	CIGFARO Member _____	
	ID NO.:	_____	
	Designation:	Non-Member <input type="checkbox"/>	
	Cell No:	Dietary Requirement: _____	
	E-Mail:	_____	
3	Surname:	_____	CANCELLATION • No refunds or credits will be issued on cancellation requests received less than 21 days prior to the start of the event. • Substitution is permitted at any time provided the name changes are communicated to the organisers by fax or e-mail. • In the event of unforeseen circumstances the organisers reserve the right to change the programme. • You give permission to share your contact details with the exhibitors only.
	Caller Name:	CIGFARO Member _____	
	ID NO.:	_____	
	Designation:	Non-Member <input type="checkbox"/>	
	Cell No:	Dietary Requirement: _____	
	E-Mail:	_____	

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

Total Payment R

Tax invoice Yes
 No

For more information e-mail ceo@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 086-662-0969