



Basic Accounting

PLEASE COMPLETE THE FORM IN BLOCK LETTERS
AND return it to cpd@cigfaro.co.za or fax 086-662-0969



REGISTRATION FORM

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 _____

Cost: R2,500 excl VAT for all 7 videos.

B) DETAILS OF DELEGATES		Membership status	Fee Payable
1	Surname: _____	CIGFARO Member	R
	Name: _____		
	ID NO.: _____	Non-Member	
	Designation: _____		
	Cell No: _____		
	E-Mail: _____		
2	Surname: _____	CIGFARO Member	R
	Name: _____		
	ID NO.: _____	Non-Member	
	Designation: _____		
	Cell No: _____		
	E-Mail: _____		

Total Payment

R

Tax invoice

Yes

No

Banking details: ABSA Bank, Branch 632005, A/c 0170 167 376 VAT
Number: 4220122701

Please quote the name of the organisation on deposit slip and fax proof of payment to 086-662-0969