

"BUDGETING IN AN MSCOA **ENVIRONMENT"**





national treasury
Department:
National freesury
Refuells for SouthAFRICA
registration@cigfaro.co.za



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

	riease complete the form in block letters			
A)	DETAILS OF EMPLOYER / MUNICIPALITY a	nd APPROVAL by OFFI	CER RESPONSIBLE FOR PAYMENT	
	Name of Employer / Municipality	_	Name of person responsible for payment	
	Destal Address		Surname & Initials	
	Postal Address		Designation Felephone No	
	Postal Code		Fax No	
			E-Mail	
	VAT Registration No.		=-IVIdII	
	I hereby acknowledge that I have Surname		terms and conditions of registration: gnation	
	Signature	_		
	Re	egistration Fees P	ayable	
	CIGFARO Members Fee	R 1 800.00	CIGFARO is a SAQA Recognised Professional Body -	
	Non-Member in Government Fee	R 2 300.00	Earn 6 CPD points	
B)	DETAILS OF DELEGATES	Membership statu	us Terms & Conditions	
	Surname:		PAYMENT OF THE WORKSHOP	
	Caller Name:	CIGFARO Member	INCLUDES:	
1	ID NO.:		Attendance at the WORKSHOP; Refreshments and lunches at the workshop;	
	Designation:	Non-Member	CANCELLATION	
	Cell No:		· You may cancel without penalty if written cancellation	
	E-Mail:	Dietary Requirement:	requests are received up to and including 45 days prior to	
			 the start of the workshop. Due to financial obligations incurred by the CIGFARO, a 	
	Surname:		credit voucher less 50% of the registration fee will be	
	Caller Name:	CIGFARO Member	issued for written requests received up to and including 21 days prior to the start of the workshop.	
	ID NO.:		 No refunds or credits will be issued on cancellation 	
2	Designation:	Non-Member	requests received less than 21 days prior to the start of the event.	
	Cell No:		· Substitution is permitted at any time provided the name	
	E-Mail:	Dietary Requirement:	changes are communicated to the organisers by fax or e-	
			mail. In the event of unforeseen circumstances the organisers.	
	Surname:		reserve the right to change the programme.	
3	Caller Name:	CIGFARO Member		
	ID NO.:			
	Designation:	Non-Member		
	Cell No:			
	E-Mail:	Dietary Requirement:		
CIGFARO Banking details:			Total Payment R	
	ABSA Bank, A/c 0170 167 376, Branc VAT Number: 4220122701	l Vaal		
VAT Number: 4220122701 *all prices include VAT			Tax invoice	

For more information e-mail registration@cigfaro.co.za or contact the office 011-394-0879

No

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

*all prices include VAT