



**PLEASE COMPLETE THE FORM**

**AND return it to [cpd@cigfaro.co.za](mailto:cpd@cigfaro.co.za)**

## REGISTRATION FORM

### e-Learning - Financial Management

#### 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 \_\_\_\_\_

<b>Registration Fee</b>	<b>R4599 (incl VAT)</b>	<b>Register more than 10 attendees = 10% discount</b>
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1	<b>Surname:</b>	
	<b>Name:</b>	
	<b>Designation:</b>	
	<b>ID:</b>	
	<b>Email:</b>	
	<b>CellPhone Number:</b>	

2	<b>Surname:</b>	
	<b>Name:</b>	
	<b>Designation:</b>	
	<b>ID:</b>	
	<b>Email:</b>	
	<b>CellPhone Number:</b>	

3	<b>Surname:</b>	
	<b>Name:</b>	
	<b>Designation:</b>	
	<b>ID:</b>	
	<b>Email:</b>	
	<b>CellPhone Number:</b>	