

DELEGATE INFORMATION			
		Preferred Name Tag:	
		VAT Number:	
Tel (Work):	Cell:	Fax:	
SAATCA Registration Number:	Email Address	S:	
Postal Address:		Postal Code:	
Dietary Requirements:		Disability: Yes: No:	
COMPANY PAYMENT DETAILS/INSTRU	JCTIONS If different to the informa	ation above, please provide billing details of company to whom the invoice should be sent:	
Name & Surname:		Company Name:	
Postal Address:		Postal Code:	
		VAT Number:	
PLEASE REGISTER ME AS A DELEGAT	E FOR THE SAATCA CPD WOR	RKSHOP 2019 - WESTERN CAPE, CAPE TOWN	
Mark with an "X" Non-SAATCA Registere	ed Auditors: <i>Workshop (1 Day) - i</i>	R 3800 SAATCA Registered Auditors: Workshop (1 Day) - R 3420	
Please note the above prices exclude V	AT Total amount due for this	is CPD Workshop (Excluding VAT): ->	
Payment Method (Mark with an "X") ->	Cash Bank Deposit	Cheque	
GROUP DISC 2-5 delegates – 2% 6-9 delegates –	nnwood Ridge Branch Code: 25 COUNTS 3% 10 and more delegates –	EARLY BIRD SPECIAL -5% DISCOUNT FOR ALL CPD WORKSHOP	
The group discount will only apply to an organize simultaneously and paying for th	ration submitting registration application group in one transaction.	22 OCTOBER 2019	
<b>Registration and Payment Terms and</b>	Conditions		
<ul> <li>Proof of payment is to be emailed to admind</li> <li>The Workshop is a pre-paid event and it is the and submitted, the delegate and his/her communities in the line of th</li></ul>	yment of the conference registration for @saatca.co.za AS WELL AS finance of the delegate's responsibility to ensure property accepts responsibility for full pay deprior to the 25th of October 2019 will the nust be submitted in writing by email to instration for the event will not be effect indicated after the 31th of October 20 the conference.	dee is payable into the SAATCA bank account on or before 22 October 2019.  @saatca.co.za  payment is made before attending the workshop. Once this registration form is signed ayment of the registration fee, without prejudice.  ill be deemed payable.  to the SAATCA admin@saatca.co.za  tive until an acknowledgment of cancellation is issued by SAATCA.  ber 2019 will receive a refund, less 20% liquidated damage and administration fee.  d, less 60% liquidated damages and administration fees.  1019.	
DELEGATE DECLARATION		EMPLOYER DECLARATION: MANAGER	
(Please Tick) > I have read and understand to terms and conditions as set out and do hereby at	ccept these terms and conditions.	(Please Tick) > I have read and understand the above registration and paymenterms and conditions as set out and do hereby accept these terms and conditions.	
DD/MM/YYYY		Name & Surname:	
Date: Signatur	e:	Date: ( ) ( ) ( ) ( ) ( ) Signature:	