

	Surname:	
Job Designation:	Organization:	VAT Number:
Tel (Work):	Cell:	Fax:
SAATCA Registration Number:	Email Addre	ess:
Postal Address:		Postal Code:
COMPANY PAYMENT DETAILS/INSTR	UCTIONS If different to the info	mation 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		
		- R 1300 SAATCA Registered Auditors: Workshop (1 Day) - R 1170
Payment Method ( <i>Mark with an "X"</i> ) ->		this CPD Workshop (Excluding VAT): ->  EFT   R
BANK DETAI		
	ynnwood Ridge Branch Code:	252045 Account Number: 558 5001 1731 Swift Code: FIRN ZA JJ XXX
GROUP DISC 2-5 delegates – 2% 6-9 delegates – The group discount will only apply to an organi simultaneously and paying for the Registration and Payment Terms and	- 3% 10 and more delegates ization submitting registration applicate group in one transaction.	
<ul> <li>Proof of payment is to be emailed to admin</li> <li>The Workshop is a pre-paid event and it is t and submitted, the delegate and his/her con</li> <li>Invoices issued for all bookings not cancelle</li> <li>Any request for cancellation of registration of a cancellation by the delegate of his/her registration requests received by SAATCA</li> </ul>	ayment of the workshop registration @saatca.co.za AS WELL AS finan the delegate's responsibility to ensure and prior to the 23 <sup>rd</sup> of October 2020 must be submitted in writing by emain pistration for the event will not be effect admin on or before 17h00 on 22 0 30 October 2020 will receive a refur processed after the 30 <sup>th</sup> of October or the workshop.	fee is payable into the SAATCA bank account on or before 21 October 2020.  ce@saatca.co.za  e payment is made before attending the workshop. Once this registration form is signed payment of the registration fee, without prejudice.  will be deemed payable.  iil to the SAATCA admin@saatca.co.za  ective until an acknowledgment of cancellation is issued by SAATCA.  ctober 2020 will receive a refund, less 20% liquidated damage and administration fee.  und, less 60% liquidated damages and administration fees.  2020.
DELEGATE DECLARATION		EMPLOYER DECLARATION: MANAGER
DD/MM/YYYY		terms and conditions as set out and do hereby accept these terms and conditions.  Name & Surname: