



# PFMA SEMINAR 2024

PLEASE COMPLETE THE FORM IN BLOCK LETTERS  
AND return it to [ceo@cigfaro.co.za](mailto:ceo@cigfaro.co.za) or fax 086-662-0969



## REGISTRATION FORM

### A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT

<u>Name of Employer / Municipality</u>	<u>Name of person responsible for payment</u>
_____	Surname & Initials _____
Postal Address _____	Designation _____
_____	Telephone No _____
Postal Code _____	Fax No _____
VAT Registration No. _____	E-Mail _____

I hereby acknowledge that I have read and understood the terms and conditions of registration:  
Surname \_\_\_\_\_ & Initials \_\_\_\_\_ Designation \_\_\_\_\_  
  
Signature \_\_\_\_\_

Registration Fees Payable	
CIGFARO Members	R 4 400,00
Non-members	R 5 000,00
Private Sector	R 5 700,00

**NB: Fees should be paid in advance of attendance**

**Date: 21-22 February 2024**  
**Time: 08h00 - 16h00**  
**Venue: COASTLANDS UMHLANGA HOTEL**

### B) DETAILS OF DELEGATES

	Membership status	Dietary Requirement	Fee Payable	
1	Surname: _____	Vegetarian <input type="checkbox"/>	R	
	Name: _____			CIGFARO Member <input type="checkbox"/>
	ID NO.: _____			Non-Member <input type="checkbox"/>
2	Designation: _____	Halaal <input type="checkbox"/>	R	
	Cell No: _____			Private <input type="checkbox"/>
	E-Mail: _____			CIGFARO Member <input type="checkbox"/>

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

<b>Total Payment</b>	R
<b>Tax invoice</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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