



# CIGFARO

Chartered Institute of  
Government Finance, Audit & Risk Officers

## EXHIBITOR REGISTRATION FORM

### ICT Workshop 2026

02-03 JUNE 2026 AT EMPERORS PALACE, GAUTENG

Please complete the form in block letters.

#### A) COMPANY DETAILS

**Name of Company**

\_\_\_\_\_

Postal Address

\_\_\_\_\_

\_\_\_\_\_

Postal Code

\_\_\_\_\_

VAT Registration No.

\_\_\_\_\_

**Kindly take note:**

**Additional Delegates will be charged at the following rate:  
R7 500,00 including VAT.**

#### B) DETAILS OF EXHIBITORS

1	Surname:	Vegetarian <input type="checkbox"/>	
	Name:		
	Designation:		
	Cell No:		Halaal <input type="checkbox"/>
	E-Mail:		None <input type="checkbox"/>
	Stand Rep: <input type="checkbox"/>		
Delegate: <input type="checkbox"/>			
2	Surname:	Vegetarian <input type="checkbox"/>	
	Caller Name:		
	Designation:		
	Cell No:		Halaal <input type="checkbox"/>
	E-Mail:		None <input type="checkbox"/>
	Stand Rep: <input type="checkbox"/>		
Delegate: <input type="checkbox"/>			
3	Surname:	Vegetarian <input type="checkbox"/>	
	Caller Name:		
	Designation:		
	Cell No:		Halaal <input type="checkbox"/>
	E-Mail:		None <input type="checkbox"/>
	Stand Rep: <input type="checkbox"/>		
Delegate: <input type="checkbox"/>			
4	Surname:	Vegetarian <input type="checkbox"/>	
	Caller Name:		
	Designation:		
	Cell No:		Halaal <input type="checkbox"/>
	E-Mail:		None <input type="checkbox"/>
	Stand Rep: <input type="checkbox"/>		
Delegate: <input type="checkbox"/>			
5	Surname:	Vegetarian <input type="checkbox"/>	
	Caller Name:		
	Designation:		
	Cell No:		Halaal <input type="checkbox"/>
	E-Mail:		None <input type="checkbox"/>
	Stand Rep: <input type="checkbox"/>		
Delegate: <input type="checkbox"/>			

Please forward completed forms to [nadeera@cigfaro.co.za](mailto:nadeera@cigfaro.co.za)