



Chartered Institute of Audit Governance, Oversight and Leadership



## REGISTRATION FORM

**Event Details: 2024 Perf, IA, IC, RM INDABA**

**Venue: Cape Town – (WC Province)**

**Date: 4 to 5 February 2024**

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 \_\_\_\_\_

Registration Fees Payable.	Amount	Pre-conditions
CIAGOL SA /ICI Member/s	R 4 500.00	<ul style="list-style-type: none"> <li>Attendance of conference is conditional upon payment being received.</li> <li>An official order has been received.</li> <li>Confirmation issued by CIAGOL (SA)</li> </ul>
CIAGOL SA/ ICI Non-Member/s	R 4 900.00	
PRIVATE HYBRID	R 5 100.00	

2	DETAILS OF DELEGATES	Conference Fee	Terms and Conditions
1	Surname: _____ Name: _____ ID NO.: _____ Designation: _____ Cell No: _____ E-Mail: _____	Fee R _____ Member/Non-Member/Private/Hybrid	<ul style="list-style-type: none"> <li>Cancellation are permitted 14 Days before the start of the conference</li> <li>No refunds or credits will be issued on cancellation requests received less than 7 days prior to the start of the event.</li> <li>Substitution is permitted at any time provided the name changes are communicated to the organisers by fax or e-mail.</li> <li>In the event of unforeseen circumstances, the organizers reserve the right to change the programme. Please Note: While reasonable care will be made to protect delegates' personal information, some contact.</li> <li>information 'may' be provided to Exhibitors for purposes.</li> <li>of promoting their products/services.</li> </ul> Note: Due to cost incurred in the preparation and arrangement of conference venues the institute is required to prepay for venues and catering. This is to avoid the institute incurring undue cost occasioned by late cancellation.
2	Surname: _____ Name: _____ ID NO.: _____ Designation: _____	Fee R _____	
	Cell No: _____ E-Mail: _____		

**Please quote the name of the organisation on deposit slip and fax proof of payment**

**Banking Details:**  
 Chartered Institute of Audit Governance  
 FNB, Account No: 63047701403,  
 Branch Code: 210243 ,  
 Branch Name: Mall @ Carnival

<b>Total Payment</b>	R	
<b>Tax invoice</b>	Yes No	