

Event Attendance Booking Form

Attention: CIMA South Africa

Fax: +2786 566 4722

CPD and Events Executive

Email: EventsSA@cimaglobal.com

REGISTRATION DETAILS

Event Details			
Event Name			
Event Date		City/Province	

Delegate's details			
Name of Delegate			
CIMA contact ID		Daytime Telephone	
Mobile Number		Fax Number	
Email address			
Company Name			
Dietary	Vegetarian	Halaal	Kosher

Company Details (ONLY if a VAT invoice is required)			
Company Name			
Company Address			
Company Vat Number		Amount to Invoice	

PAYMENT OPTIONS

- ☐ **Transfer/direct deposit:**
Account name: Chartered Institute of Management Accountants
Bank: First National Bank
Branch name: 60 Main Street
Branch code: 251 705
Account number: 62 00 499 56 11

Please use the delegate name and surname as reference when making payment and send a copy of your deposit slip/transfer confirmation with this booking form. A tax invoice will be forwarded if requested.

- ☐ **Credit card (Mastercard / Visa only)**

Card Details (ONLY if credit card transaction is required)			
Name of Cardholder			
Card Number		Expiry Date	
CVV Number		Transaction Amount	