

Bank / Branch

Account Holder

ABSA Pinetown

IMESA

Institute Of Municipal Engineers Of Southern Africa Enrolment Form

Course Name:	Guideii	nes tor	Design Floo	od Estimation in iviunicip	oai areas in SA	4
Dates/Venue:						
IMESA Contact Person:	Dashree F	Reddy, tel	ephone: 031-2	663263, email: technical@ime	sa.org.za	
EMPLOYER / MUNICIPA	LITY					
Employer Name:						
Postal Address:						
Postal City:				Posta	Code:	
DELEGATE DETAILS						
Surname:						
First Name:						
Designation:					Dietary Requi	irement:
ID No:					None	
Telephone No.					Vegetarian	
Cell No.					Halaal	
E-Mail:		<u> </u>				
IMESA Member	YES	NO		Membership No.		
	A	Applicable	e Registration	Fee (please see table below):		
IMESA Member Non-Member						
			R1 380.00			00.00
Dor dologato including VAT				Por dologato including VAT:	K/K	
Per delegate including VAT	•		N1 360.00	Per delegate including VAT:	KZ 3	00.00
PERSON RESPONSIBLE F			K1 380.00	Per delegate including VAT:	K2 3	00.00
			K1 380.00	Per delegate including VAT:	K2 3	00.00
PERSON RESPONSIBLE F			K1 380.00	Per delegate including VAT:	KZ 3	00.00
PERSON RESPONSIBLE F			N1 380.00	Per delegate including VAT:	KZ 3	00.00
PERSON RESPONSIBLE F Name: Designation:			N1 380.00	Per delegate including VAT:	KZ 3	00.00
PERSON RESPONSIBLE F Name: Designation: Telephone No:			N1 380.00	Per delegate including VAT:	KZ 3	
PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No:			N1 380.00	Per delegate including VAT:	KZ 3	00.00
PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No: E-Mail:			N1 380.00	Per delegate including VAT:	KZ 3	
PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No: E-Mail: Purchase Order No. Tax Invoice Required VAT Registration No.	YES	ENT NO				
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PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No: E-Mail: Purchase Order No. Tax Invoice Required VAT Registration No. I hereby acknowledge th Initials & Surname: Designation:	YES	ENT NO		terms and conditions of registr Date Signed:		
PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No: E-Mail: Purchase Order No. Tax Invoice Required VAT Registration No. I hereby acknowledge the Initials & Surname: Designation: Terms and Conditions:	YES	NO ead and u	inderstood the	terms and conditions of registr Date Signed: Signature:		
PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No: E-Mail: Purchase Order No. Tax Invoice Required VAT Registration No. I hereby acknowledge the Initials & Surname: Designation: Terms and Conditions:	YES at I have re	NO ead and u	inderstood the	terms and conditions of registr Date Signed:		
PERSON RESPONSIBLE F Name: Designation: Telephone No: Cell No: E-Mail: Purchase Order No. Tax Invoice Required VAT Registration No. I hereby acknowledge the Initials & Surname: Designation: Terms and Conditions: 1. Delegates are urged: 2. Registration is confii 3. IMESA retains the ri	YES d to register remed only a light to cance	NO ead and u early as parter paymel training	articipants are lirent is received.	terms and conditions of registr Date Signed: Signature: mited to only 50 per course. r than 15 delegates register.	ation.	
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Branch Code

Account No.
CSD Reference