

Please list the webinars for which you are purchasing recordings and the dates on which they were held:

Name: Surname:

CSSA student number:

CSSA membership number:

Company/Organisation:

VAT number:

Postal address: Postal code:

Tel number: Cell number:

Email:

PAYMENT

Account Name: CSSA

Bank: Standard Bank

Branch Name: Killarney

Branch Code: 007205 (cash deposits)/051001 (electronic payments)

Account Number: 00289 8608

Account Type: Business Current Account

Reference: Name, Surname and Student/Member number

I have deposited the amount of ZAR into the CSSA bank account and **attached you will find a clean copy of the proof of payment with the name of the depositor clearly stated.**

I have made an electronic transfer for the amount of ZAR and **attached you will find a clear copy of the proof of payment with the name of the depositor clearly stated.**

No recording will be sent should we not receive your completed form with proof of payment.

The form to be sent with proof of payment to brenda@chartsec.co.za.

The recording link is for your use only and should not be distributed to any other persons.