



To secure your booking please email your completed form & proof of payment to brenda@chartsec.co.za.

Seminar you are booking for:

Date:

Name: Surname:

Postal address: Postal code:

Tel number: Email:

Position:

Company/Organization:

CSSA student number:

CSSA membership number:

Other professional body: Membership number:

Please indicate who is funding your attendance at this seminar (please mark with an x)

Self Employer Client(s) Other (specify)

If employer is paying for the CPD kindly complete the customer information form.

CANCELLATION

Refunds are as follows:

- 7 days before seminar: 100% refund
- 3 – 6 days before seminar: 50% refund
- 0 – 2 days before seminar: 0% refund
- No shows: 0% refund

PAYMENT

Account Name: CSSA
Bank: Standard Bank
Branch Code: 051001
Account Number: 00289 8608
Reference: Your name

- I have deposited the amount of R _____ and **attached you will find a clear copy of the proof of payment with the name of the depositor clearly stated** (see Registration Information)
- I have made an electronic transfer for the amount of R _____ and **attached you will find a clear copy of the proof of payment with the name of the depositor clearly stated** (see Registration Information)
- Please arrange credit card payment for the amount of R _____ per credit card number. My authorisation details are as follows:
Debit my: Visa Master Card with the amount of R

Credit card number:

Card expiry date: Month Year Last three digits on back of card

Cardholder details: Title Initials Surname

ID/Passport number:

Tel no:

Date: Signature:

Please ensure you receive confirmation of your booking & payment before attending the seminar!