



WHERE DID YOU HI	EAR ABOUT THIS EVENT?						
	NOTE: Please send your complete	•					
Upon receipt of your tax invoice, make payment referencing the corresponding invoice number and email proof of payment.  Closing Date for Construction Guarantees, Payment Guarantees, and Section 20 Applications in Cost Incl. Register							
Registration	Arbitration (4 June 2018), Cape Town, Mr Antony Arvan					VAT	\square   \sq
31 May 2018	Membership No.:				Member:		
PERSONAL DETAILS	•				Non-member:	R300	
NOTE: Please state your full names as stated in your ID/Passport Document.							
Title:		P	Physical Add	ress:			
Surname:							
First Name:						Code:	
Other Names:			Postal Address:				
ID/Passport No.:							
Date of Birth:						Code:	
Email:			Tel. (I	Day):			
Fax:			Tel. (Even	ing):			
INVOICE DETAILS:							
NOTE: In order to receive a tax invoice, these details must be completed in full.  Mark "Company" and "VAT No." as "N/A" if the invoice is to be made out in your personal name.							
Company:		Р	Postal Addre	ss:			
Attention:							
Email:						Code:	
VAT No.:			Tel. N	o.:			
PAYMENT DETAILS:							
	FT DEPOSIT:	Please debit my:			CREDIT CARD: Visa:	MasterC	ard:
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