

REGISTRATION FORM

| WHERE DID YOU | HEAR ABOUT | THIS EVENT? | | | | | | |
|--|--|-----------------|--------------------|------------------------|------------------------------------|---------------|---------------------|--|
| | | | | | | | | |
| NOTE: Please send your completed Registration Form to Michelle Venter. Email: michelle@arbitrators.co.za | | | | | | | | |
| | | - | _ | | ng invoice number and email | | | |
| | | | | onfirmed by a recei | - | | . , | |
| BANKING DETAILS | S: | | | = | | NDC | | |
| | Account holder: The Association of Arbitrators (Southern Africa) N Bank: First National Bank Ltd Current account number: 628 138 641 0 | | | | | | | |
| | Branch: | Sandton City | | | Branch code: 254 605 | | | |
| | THE POWERS AND DUTIES OF ARBITRATORS | | | | | Cost Incl. | Register | |
| | | Webina | ır, Adv Pierre Ro | ssouw SC | | VAT | ✓ | |
| AoA / ACPM / N | | | | AOA / ACPM / MBA | / RICS / SAICE / WISA Member: | R200 | | |
| PERSONAL DETAI | A Membership | No.: | | | Non-member: | R250 | | |
| PERSONAL DETAIL | LJ. | | | | | | | |
| Title: | | | | Physical Address | | | | |
| Surname: | | | | | | | | |
| Surname: | | | | | | | | |
| First Name: | | | | | | | | |
| | | | | | | | | |
| Other Names: | | | | | | Code: | | |
| AKA Name: | | | | Postal Address | | | | |
| AKA Name: | | | | Postal Address | | | | |
| ID/Passport No.: | | | | | | | | |
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| Date of Birth: | | | | | | Code: | | |
| Email: ² | | | | Tel. (Day) | | | | |
| Lillall. | | | | ren (bay) | | | | |
| Fax: | | | | Tel. (Evening) | : | | | |
| INVOICE DETAILS: | : | | | | | | | |
| NOTE: In order to receive a VAT invoice, the details below must be completed in full. Mark "VAT Reg No." as "N/A" if the | | | | | | | | |
| | invoice is to b | e made out in | your personal | name and you are | not registered as a VAT vendo | or. | | |
| Company: | | | | VAT No.: | | | | |
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| Physical Address: | | | | Postal Address: | | | | |
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| CONFIDNATION | | Code: | | | | ode: | | |
| CONFIRMATION: | Laccent th | ne Terms and Co | anditions of the A | Association of Arhitra | tors (Southern Africa) NPC, as sta | ated on n | age 2 | |
| ш | i accept ti | ic remis and C | onations of the A | SSOCIATION OF AFBILIA | | accu on p | u _B e 2. | |
| Signature: | | | | | Date: | | | |

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This is the email address to which your link to the webinar will be sent. Please ensure that you use this email when logging into the webinar.

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| | conditions shall not constitute a waiver of or otherwise limit any of the Association's rights or remedies. | | | | |

NOTE:

A link to the webinar workshop recording and/or documents will be emailed to each attendee, who has registered and paid in full. Attendees will receive an email from the AoA, addressed to the email address stated under the 'Personal Details' section of this Registration Form. Please check your spam mailbox should you not receive the said email.