Kindly complete this form and return it electronically to Toni-Leigh Cantin on cantint@icts.co.za or 087 702-3821 or Fax to 011 656 1165

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| --- | --- | --- | --- |
| Consultant |  | Senior Consultant |  |
| Course |  | Your Cost Centre |  |
| Dates |  | Fund Principal Officer |  |
|  |  | Principal Officer Tel |  |
| Venue |  | Principal Officer Email |  |
|  |  | Consultant Tel |  |
| Client Name (invoicing) |  | Consultant Fax |  |
| Client VAT number |  | Consultant Email |  |
| Cost Centre |  | Bookkeepers Name |  |
|  |  | Bookkeepers Tel |  |
|  |
| **ICTS will issue and direct the invoice to the company /fund.** **Please note that payment is to be made prior to the training.** |
| Delegates First Name | Delegates Surname | Full Fund NamePension/Provident/Retirement | Delegates email address | Cell number |
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