Kindly complete this form and return it electronically to Toni-Leigh Cantin on [cantint@icts.co.za](mailto: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 Name  Pension/Provident/Retirement | | Delegates email address | | Cell number |
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