



Oversight role of Councillors

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

Please complete the form in block letters and return: 086-605-4227 or 011-394-0886

A) DETAILS OF EMPLOYER / MUNICIPALITY and APPROVAL by OFFICER RESPONSIBLE FOR PAYMENT

Name of Employer / Municipality _____

Postal Address _____

Postal Code _____

VAT Registration No. _____

Name of person responsible for payment

Surname & Initials _____

Designation _____

Telephone No _____

Fax No _____

E-Mail _____

I hereby acknowledge that I have read and understood the terms and conditions of registration:

Surname _____ & Initials _____ Designation _____

Signature _____

Registration Fees Payable

IMFO Members	R 3 780.00
Non-members	R 4 080.00

B) DETAILS OF DELEGATES

Membership status

Dietary Requirement

Fee Payable

1	Surname: _____	IMFO Member <input type="checkbox"/> Non-Member <input type="checkbox"/>	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>	R
	Name: _____			
	ID NO.: _____			
	Designation: _____			
Cell No: _____	Venue: _____			
E-Mail: _____				

2	Surname: _____	IMFO Member <input type="checkbox"/> Non-Member <input type="checkbox"/>	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>	R
	Name: _____			
	ID NO.: _____			
	Designation: _____			
Cell No: _____	Venue: _____			
E-Mail: _____				

3	Surname: _____	IMFO Member <input type="checkbox"/> Non-Member <input type="checkbox"/>	Vegetarian <input type="checkbox"/> Halaal <input type="checkbox"/> None <input type="checkbox"/>	R
	Name: _____			
	ID NO.: _____			
	Designation: _____			
Cell No: _____	Venue: _____			
E-Mail: _____				

IMFO Banking details: ABSA Bank, Branch 632005, A/c 0170 167 376
IMFO VAT Number: 4220122701

Total Payment R

Tax invoice	Yes
	No

Please quote Organisation or invoice number on deposit slip / proof of payment and fax to 086-605-4227