



IMPLEMENTATION OF THE MPRA

Registration Form

Please complete in block letters.

Ref no. **MPRA/FS/**

A) Details of Employee / Municipality:

| | |
|-----------------|----------------------|
| Postal address: | Name of institution: |
| | Contact person: |
| | |
| | ☎: |
| Postal code: | E-mail: |
| | |

B) Contact details of employer responsible for payment:

Contact: _____

Telephone number: _____

Fax number: _____

Organisation VAT number: _____

C) Delegate details:

| | | | |
|---|--|---------------------------------------|---------------------------------------|
| Details for fees: | | Bank details: ABSA Central K P | |
| Fees for members of IMFO (Incl. Vat) | Fees for non-members (Incl. Vat) | Account no. | 0170 167 376 |
| R1 425.00 (with accommodation) 945.00 (no accommodation) | R R1 925.00 (with accom) R1 445.00 (no accom) | Branch code: | 632 005 |
| Delegate: Name & Surname | Designation | Dietary requirements | Delegate fees: member / non member |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |
| | | Halaal Vegetarian None | |

TOTAL:

Please fax completed form together with your Deposit slip to 086 662 0969/ 011 394 0886

To assist us with the administration it will be appreciated if you would fill in the reference number and municipality on your deposit slip