

CIMA event booking form and pro-forma invoice

Completed forms should be returned to: Eventssa@cimaglobal.com

Event details

Double click in the below boxes to complete the form. If you are unable to complete the form please contact us and we will send you the word version.

Event name*

Event date*

City / province

Delegate details

First name*

Last name*

CIMA contact ID

Telephone*

Email*

Dietary requirements

Data protection

The information you provide in this form will be used by CIMA to process your booking.

Terms and conditions *

Please tick to confirm you have read and agreed to the terms and conditions available at:
www.cimaglobal.com/Our-locations/Africa/Events/

* compulsory fields

Company details

(only if tax invoice is required. Tax invoices will be issued after receipt of completed booking form and proof of payment)

Company name

Company address

Company Vat number **Amount to invoice**

Payment Options

Please tick only one option below

EFT/ direct transfer

Account name

Chartered Institute of Management Accountants

Bank

First National Bank

Branch name

60 Main Street

Branch code

251 705

Account number

62 00 49956 11

Payment terms and conditions

- Please use delegate name and surname as reference when making payment
- For bulk bookings for five or more delegates please contact the office.

Credit card details

Please insert your details below only if credit card transaction is required

Name of cardholder

Card number

Expiry date

CVV number

Transaction amount

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