

**REGISTRASIE VORM**

 **REGISTRATION FORM**

* HOE OM TE REGISTREER: Merk asb met ‘n “X” waar van toepassing.
* HOW TO REGISTER: Please complete, or indicate with “X” wherever applicable.
* E-POS/EMAIL: Carina.debeer@nwu.ac.za
* FAKS/FAX: +27-18 299 2487
* NOTA: REGISTRASIE IS SLEGS GELDIG BY ONTVANGS VAN BETALING EN REGISTRASIE VORM.
* NOTE: REGISTRATION WILL ONLY BE VALID ON RECEIPT OF REGISTRATION FORM AND PAYMENT

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| 1. **PERSOONLIKE BESONDERHEDE**

 **A. PERSONAL DETAILS** |
| TITEL: Prof / Dr / Mev / Mej /MnrTITLE: Prof / Dr / Mr / Mrs / Miss |  | NOEM NAAMFIRST NAME |  |
| VAN:SURNAME: |  |
| ADRESADDRESS |  |
|  |
|  |
|  | POSKODEPOSTAL CODE |  |
| TELEFOONTELEPHONE | Kode( )Code( ) | FAKS NOMMERFAX NUMBER | Kode ( )Code ( ) |
| E-POS ADRESEMAIL ADDRESS |  |

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|  **B. REGISTRASIE FOOI BEDRAG** **B. REGISTRATION FEE AMOUNT** |
| **REGISTRASIE FOOI: R280** Ingesluit Koffie/Tee/Verversings/Middagete en Program. Sluitingsdatum vir registrasie is 20 Maart 2019. **REGISTRATION FEE: R280**Includes lunch, tea/coffee/refreshments and program. Closing date 20 March 2019.  |  |
| LAAT REGISTRASIE: R500 – vir registrasie na 20 Maart 2019LATE REGISTRATION: R500 - for registration after 20 March 2019 |  |
| **TOTAAL VIR REGISTRASIE:****YOUR TOTAL REGISTRATION FEE:** | **R****R** |



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| 1. **SPESIALE BEHOEFTES**

 **C. DIETARY REQUIREMENTS** |
| Meld asb spesiale voedsel behoeftes. Please mentioned any dietary requirements.  |  |
| **HANDTEKENING:****SIGNATURE:** | **DATUM:****DATE:** |

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| **D. UITSTALRUIMTE TE SPORTS VILLAGE****D. EXHIBITION SPACE AT SPORT VALLAGE** |
| Uitstalruimte buite beskikbaar 20m2 Exhibition space outside per 20m2  |  Ja Nee Yes No |
| Spesifiseer benodighede: Specified needs:Hoeveel Tafels Hoeveel StoeleAmount of Tables Number of ChairsKragpunte benodig Ja NeeElectrisity needed Yes No  |

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| **E. BETALING VIR REGISTRASIE****E. PAYMENT FOR REGISTRATION** |
| Voltooi asb die aangehegte vorm en stuur aan my terug. Sodra ek die vorm ontvang sal daar ‘n Faktuur aan u uitgemaak word met die bedrag betaalbaar asook die bankbesonderhede vir betaling.Please complete the attached form. As soon as I receive this form an Invoice will be send to you with the amount payable together with the banking details. |
| Gebruik asseblief u van, voorletters en faktuur nommer as verwysing. Stuur die bewys van betaling en die faktuur aan my deur by carina.debeer@nwu.ac.za of faks 27 18 299 2487. Please use your initials and family name and invoice number as reference and send the proof of payment together with your invoice to carina.debeer@nwu.ac.za or fax 27 18 299 2487.  |
| Ek het die registrasievorm en aangehegte dokument vir die faktuur voltooiI have filled out all personal details and the attached form for the invoice |  |
| Ek is verantwoordelik vir my eie vervoer en akkomodasie indien nodig.I am responsible to make my own transport and accommodation arrangement. |  |
| **HANDTEKENING:** **SIGNATURE:** |



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| **DATE:** |
| **ITEM CODE:** |
| **INVOICE NR:** |

SFD005e

**PLEASE COMPLETE THE APPLICATION FORM FOR EVERY INVOICE, EVERY NEW CUSTOMER (DEBTOR) OR THE UPDATING OF AN EXISTING DEBTORS DETAILS:**

|  |  |
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| **Customer:****If an organisation, the registered name:****If an individual, the surname, initials and the full first name:** |  |
| **Customer VAT number:** |  |
| **Customer registration number: Customer ID number: Customer Passport number:****Customer Birthday:** |  |
| **Customer Postal Address:** |  |
| **Customer full street address:**(Domicilium citandi et executandi) |  |
| **Customer/Debtor’s number at NWU:**(If available) |  |
| **Previous Invoice number:**(If available) |  |
| **Customer official order number:** |  |
| **Is this invoice issued in terms of a signed contract or written agreement?**(If so, please attach copy thereof or alternatively use the NWU’s standard Memorandum of Agreement) | Choose one |
| **Customer’s account dept. contact person:** |  |
| **Customer’s contact number of above person:** |  |

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| **NWU contact person:** |  |
| **Customer telephone number:** |  |
| **Customer fax number:** |  |
| **Customer email address:** |  |
| **Office use only** |
| **Invoice amount VAT excluded?** |  |
| **Invoice amount VAT included?** |  |
| **Describe the service or items rendered:**(Please complete the description in as much detail as possible. This is exactly what is going to appear on the invoice) |  |
| **OE Code (ex. 3310):** |  |
| **Chart:** | Choose one |
| **Object:** |  |
| **Account:** |  |
| **Are you 100% sure that the above accounting string is linked on KFS?** | Choose one |
| **Item Code (if available):**(If the item code does not exist yet, please contact Cornelia Pruis/Leana (JC) Wagner to create one) |  |
| **Faculty/Department/School/Unit:** |  |
| **Name of person requesting the invoice:** |  |
| **Telephone number of above person:** |  |
| **Supervisor of the above person:** |  |

It is very important to complete every field on the application form as all is required to create an invoice. If all fields are not completed the system will reject the transaction.

**Compliance to the Financial Intelligence Centre Act, No. 38 of 2001, as amended (FICA)**

When the client is a South African organisation, the SARS VAT registration number is required and the name as displayed on the proof of registration will be used. If the organisation is not registered for VAT, the organisation’s registered name would be used. When the organisation is a foreign entity, the registered name would be used. In all cases proof of registration and VAT are a prerequisite.

When the client is a natural person and a South African citizen, a copy of their ID is needed. A valid South African driver’s licence or a valid South African passport is an acceptable alternative. If the client is a foreign person then we need a copy of their valid passport or proof of date of birth if no passport is available