

REGISTRATION FORM

Renewable Energy Power Quality Compliance Course

VENUE, Engineering Campus, Northwest University, Potchefstroom

Hosted by the South African Power Quality Initiative (SAPQI), North West University, Potchefstroom

| Module | Date | Cost (VAT Incl) |
|--|------------------------|-----------------|
| Module 1 & 2 Utility Responsibilities with respect to RPP's | 16 – 18 October | R 9 120 |
| Module 3 Measurement and Assessment of RPP PQ Impact | 19 – 20 October | R 4 560 |

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|------------------------|---|
| Delegate #1 | Title: _____ Name: _____ Surname: _____ Company: _____ Job title / Position: _____ Email: _____ Office number: _____ Mobile number: _____ Module attending: _____ Dietary Requirements: _____ Delegate attended a SAPQI course before: Yes/No, state year attended: _____ |
| Delegate #2 | Title: _____ Name: _____ Surname: _____ Company: _____ Job title / Position: _____ Email: _____ Office number: _____ Mobile number: _____ Module attending: _____ Dietary Requirements: _____ Delegate attended a SAPQI course before: Yes/No, state year attended: _____ |
| Delegate #3 | Title: _____ Name: _____ Surname: _____ Company: _____ Job title / Position: _____ Email: _____ Office number: _____ Mobile number: _____ Module attending: _____ Dietary Requirements: _____ Delegate attended a SAPQI course before: Yes/No, state year attended: _____ |

***In the case of more than 3 delegates registering, please attach delegate details as a spread sheet**

Accounts / Details of person responsible for payment:

Title: _____ Name: _____ Surname: _____
Company: _____
Job title / Position: _____
Email: _____
Office number: _____ Mobile number: _____
Postal Address: _____
Physical Address: _____
City: _____ Country _____

Company purchase order number (include original scan of PO): _____

THE NWU requires a purchase order number to create a proforma invoice. No booking is confirmed without a purchase order.

AUTHORISATION: Signatory must be authorized to sign on behalf of the company

Title: _____ Full Name: _____
Company: _____
Job title / Position: _____
Email: _____
Contact Number: _____

Signed: _____ **Date** _____

TERMS AND CONDITIONS

Payment is needed BEFORE the course.. The NWU will invoice and payment is then made to the NWU. Please help SAPQI to expedite payment as expenses are not spared to ensure that participants have a memorable experience at the NWU.

SAPQI promote the case of PQ in Africa for Africa by using the profits towards research equipment and student support. SAPQI is not a commercial course provider in competition with the rest of the industry. We only focus on value for money.

If payment cannot be made before the course, the course fee increase by R500.

No seats will be reserved until SAPQI receives a signed registration form.

The signed registration form is a legally binding contract, an invoice will be generated and you will be liable for the payment of this invoice.

If you require a quote please send company details to admin@sapqi.com

SAPQI reserves the right , due to circumstances beyond our control, to change speakers, program content, date and venue.

A course can only be presented if at least 5 participants enrol.

Substitutions: Participants must inform SAPQI in writing of any replacements.

All cancellations are subject to the following conditions:

SAPQI must be notified in writing of all cancellations at least 5 working days prior to the event.

A 50% cancelation fee is applicable for cancellations received within less than 5 working days prior to the conference. No refunds will be given for delegates who do not show up, or for cancellations within 24 hours of the workshop.

Legal action will be taken for the recovery of any outstanding payments. Any legal and related costs will also be for the account of the client.

I hereby acknowledge that I have read and understand these terms and conditions and that I accept them as duly authorized company representative.

SFD005e

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|-------------|
| DATE: |
| ITEM CODE: |
| INVOICE NR: |

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

| | |
|---|-------------------------------------|
| CUSTOMER: If an <u>organisation</u> , the registered name: If an <u>individual</u> , the surname, initials and 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) | |
| Customer's account dept. contact person: | |
| Customer's contact number of above person: | |
| NWU contact person: | Louise Cilliers (Financial Officer) |
| Customer telephone number: | +27(0) 18 299 1903 |
| Customer email address: | Louise.Cilliers@nwu.ac.za |

| 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, as this will; reflect on the invoice) | |
| OE Code (ex. 3310): | |
| Chart: | |
| Object: | |
| Account: | |
| Are you 100% sure that the above accounting string is linked on KFS? | |
| 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 above person: | |

It is very important to complete every field on the application form as well as required information 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. 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.