

**Trainee CAvival Toolkit**

**Order Form**

**2021**

**PLEASE COMPLETE THIS FORM ELECTRONICALLY, AND NOT BY HAND, AND E-MAIL IN MS WORD TO** [**adrik@saica.co.za**](mailto:adrik@saica.co.za)

Please list in the space provided below the trainees for whom you wish to purchase the Toolkit. If the space provided is insufficient, please submit the required information on a separate Excel Spreadsheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Trainee first name** | **Trainee surname** | **Trainee ID number** | **Trainee SAICA number** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**INVOICE DETAILS:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Training Office SAICA Number** | |  | **Training office name:** |  | | **Company VAT number** | |  | |
| **CONTACT PERSON FOR INVOICE:** | | | | | | | | | |
| **Name and Surname:** |  | | | | **E-mail address:** | |  | |  |
| **Telephone number:** |  | | | | | | | |  |
| **Postal address:** |  | | | | | | | |  |

***You will be issued with a VAT invoice upon receipt of this order form. Upon receipt of payment, pin numbers will be sent to give your trainees access to the toolkit.***

**Price:**

|  |  |  |
| --- | --- | --- |
| **# of trainees** | **Unit price (excl VAT)** | **Unit price (incl VAT)** |
| **1 - 30** | R320,00 | R368.00 |
| **31 - 99** | R315,00 | R362.25 |
| **100 - 200** | R300,00 | R345.00 |
| **+200** | R290,00 | R333.50 |

**PLEASE NOTE: Trainees require a SAICA number to access the Toolkit. They can obtain a SAICA number by registering as a user on TCMS, without actually registering a training contract.**