



PRO-FORMA

Invoice No:

Pro-Forma Date:2024-11-14

**South African Association of
Pharmacists in Industry**

Registered Address 435 Flinders

Lane

Lynnwood, Pretoria

0081

Attention:

Address:

Tel:

Email:

VAT Number:

Workshop Date:

Workshop Code:

SAAPI Members

Name	Email	Diet	Total
			R0.00

Special Dietary Requirements

- Halaal R per person -
morning tea and lunch
only

- Kosher R per person -
morning tea and lunch
only

- Vegetarian no charge

Total:

R0.00

PLEASE NOTE

This invoice confirms you are registered for the said Workshop and in the event of cancellation, notice must be given in writing at least 7 days prior to the date of the training workshop, failing which full registration fees will be due. No refunds can be given for failure to attend without 7 days prior notice. Transfer of the registration to a colleague is permitted if written notice is given two days before the workshop. The recording for the workshop will not be shared with participants.

Please quote invoice number with all Correspondence.

Banking Details

SAAPI

Standard Bank

Lynnwood Ridge (012445)

Branch code - electronic payments (051001)

Account 013045156

SWIFT address SBZA ZA JJ

Email

info@saapi.org.za

Kindy send Proof of Payment to:

info@saapi.org.za

AS A REFERENCE PLEASE USE ""