

Stand Security Order Form



If you can imagine it, we can host it

STAND SECURITY FORM 2009

DEADLINE DATE: 5 Working days Prior to Event/ Exhibition

RETURN TO: Zanaxolo Filifili

1 Lower Long Street, Cape Town, 8001

Fax: +27 21 410 5191/Tel: + 27 21 410 5072

e-mail: zanoxolo@cticc.co.za

Company name		Exhibition/Event	
		Stand/Room #	

Street Address		Office #	
		A/H/mobile #	
		Facsimile #	
		e-mail address	

Authorised by		VAT Registration no.	
Signature		Dates required	
Date		(From-To)	

Selection	Quantity	Amount	No. of days	TOTAL
Protection officer (stand security) - per 12 hour shift		375.00		
ERT Officer		550.00		
MIB/events officer - per 12 hour shift		550.00		

Orders received after the deadline date are subject to an additional 20% surcharge ZAR

VAT 14% ZAR

TOTAL ZAR



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****Services will not be installed until credit card authorization form below has been completed or proof of payment has been received***

To effect payment please complete authorisation to charge to credit/debit card	
Circle your credit card company: American Express, Visa, Eurocard/Mastercard, Diners Club/Debit Card	
Credit Card number:	
CVV No. (Last 3 No's on back of card):	
Expiry date:	
Name of credit card holder:	
Name:	
Signature:	

BANKING DETAILS	
Bank:	Standard Bank
Account Name:	Cape Town International Convention Centre Operation Company (Pty)Ltd t/o CTICC
Account Number:	070823871
Branch Name	Thibault Square
Branch Code:	020909
S.W.I.F.T. Address	SBZA ZA JJ

Vat registration number: 4030199741

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Payment Method

Credit Card Authorisation:

We/I, _____ hereby authorise the
deduction of the amount of _____ by the
Cape Town International Convention Centre from our/my Credit Card, details below:

Type of Credit Card
(VISA, American Express, Diners, etc.)

Credit Card Number

Expiry Date

CVV Number
Last 3 numbers on back of card

4 Digit Security Number on the Card
(American Express)

Card Holders Name

Card Holders Billing Address

Card Holders Date of Birth

Please send copy of back & front of the Credit Card

Authorised Signature: _____ **Date:** _____

Please send completed form to the following fax number: **+27 21 410-5191**