



# INVOICE

**Invoice No:**  
**Invoiced Date:** 2023-01-18

**South African Association of  
Pharmacists in Industry**  
52 Glenhove Rd  
Melrose Estate  
2196

Attention:  
Address:  
Tel:  
Email:  
VAT Number:

**Workshop Date:**  
**Workshop Code:**

---

#### Special Dietary Requirements

- Halaal R per person
- Kosher R per person
- 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

#### Tel

(0)11 442 3615 ext 316

**Kindy send Proof of Payment to:  
info@saapi.org.za  
AS A REFERENCE PLEASE USE ""**