

## Training Confirmation Form

**Training Course:** AUDIT AND TAX INVESTIGATION IN BOTSWANA (ATIB)  
**(HRDC Accredited Program)**  
**Training dates:** 11<sup>th</sup> – 12<sup>th</sup> February 2025  
**Venue:** TBA (Gaborone)

### Pricing Packages (VAT Inclusive)

|                     |                   |
|---------------------|-------------------|
| Individuals         | BWP 5814.00 /Head |
| Group of 5-10       | BWP5471.00/Head   |
| Group of 10pax Plus | BWP 5016.00/Head  |

Investment (meals and refreshments are included)

-Bookings are done on first come basis, **LIMITED SEATS-**

\*All fields are compulsory to complete

|  |   |
|--|---|
| <b>First name (s)</b>                  |   |
| <b>Last name</b>                       |   |
| <b>Gender</b>                          |   |
| <b>Occupation</b>                      |   |
| <b>Organisation &amp; VAT Number</b>   |   |
| <b>Physical Address</b>                |   |
| <b>Tel/Cell #</b>                      |   |
| <b>Email</b>                           |   |
| <b>Payment done</b>                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Tick the appropriate box)</i> |
| <b>Diet Needs – Circle Please</b>      | Vegan.          Vegetarian.          Halal  |
| <b>Authorised Signatory &amp; Date</b> |   |

**All booking forms must be submitted to**

- ❖ Amo [amochilani.polynewgroup@gmail.com](mailto:amochilani.polynewgroup@gmail.com) 76442382/3190021-22
- ❖ Bob [polynewconsult@gmail.com](mailto:polynewconsult@gmail.com) 76189647 /3710853
- ❖ Payment deadline for the training fees is 27<sup>th</sup> January 2025, all the participants are to submit proof of payment to the above stated email address by the 27<sup>th</sup> January 2025.

**Bank details**

Bank name: Bank Gaborone  
 Account name: PolyNew Training Services  
 Branch Name: Game City  
 Account number: 8001329958  
 Branch code: 201367  
 SWIFT Code: BGLIBWGX