

**REFUND OF REGULATION DEPOSIT**

PLEASE PRINT

Company Name:		Stand No:	
Co VAT number:		Area:	
Postal Address:		Tel No:	
		Fax No:	
		E-mail:	
		Signature:	

For the REFUND of your REGULATION DEPOSIT this form must be completed and returned to the office **before or on 14 May 2010**. Please **fax to 086 692 3398** or email to **maria@bloemskou.co.za**.

Name of exhibitor: _____

FOR REFUNDING:

I _____ hereby authorize the CAS to refund the regulation deposit to:

Account Holders Name: _____

Address/Acc Details:

SIGNATURE _____

DATE _____

OFFICE USE ONLY:

Cheque number: _____

Date: _____

