

Durban - The Station
“Become a Hunger Champion”

INVOICING DETAILS			
COMPANY NAME:			
POSTAL ADDRESS:			
		POSTAL CODE:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
VAT NUMBER:			
CO REGISTRATION NO:			

Please indicate:

1 Team- 18 People per team

Teams	Volunteers	Donation	✓
1	18	R12,500	
2	36	R25,000	
3	54	R37,500	
4	72	R50,000	

2. Shift time/s

Shift	Shift Times	# of Teams
SHIFT 1	08:00 to 09:07	
SHIFT 2	10:00 to 11:07	
SHIFT 3	12:00 to 13:07	
SHIFT 4	14:00 to 15:07	

PRINT FULL NAME OF PERSON SIGNING THIS REGISTRATION:			
CONTACT NUMBER		EMAIL ADDRESS:	
NAME OF PERSON RESPONSIBLE FOR PAYMENT:			
CONTACT NUMBER		EMAIL ADDRESS:	

NOTE: INVOICE AND MOU TO FOLLOW RECEIPT OF THIS REGISTRATION. THIS REGISTRATION IS ONLY CONFIRMED ON PAYMENT OF THE INVOICE AND RECEIPT OF THE CONFIRMATION OF PAYMENT (email to: surayahm@rahafrica.org). INVOICE NUMBER TO BE USED AS REFERENCE NUMBER FOR PAYMENT.

DONOR AUTHORISED SIGNATURE:

NAME (PRINT IN FULL)

SIGNATURE

PLACE SIGNED

DATE

FOR RISE AGAINST HUNGER AFRICA

NTUTHUKO DUBE (NATIONAL OPERATIONS MANAGER)