

# REGISTRATION FORM



04 April 2018

Date: | \_\_\_\_\_ |

## Business & Contact Details

Name: \_\_\_\_\_ Surname \_\_\_\_\_

ID. No.: \_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business: CC | PTY LTD | COOP | Other

Reg. No.: \_\_\_\_\_ Another Reg.: \_\_\_\_\_

Services offered: \_\_\_\_\_ No of Partners \_\_\_\_\_

Physical Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_ E-mail.: \_\_\_\_\_

Web Address: \_\_\_\_\_ No. of workers: \_\_\_\_\_

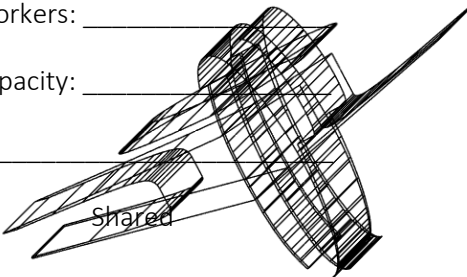
Contact person: \_\_\_\_\_ Capacity: \_\_\_\_\_

Cell number: \_\_\_\_\_

Business Operation: Office is.: Home Rent Shared

Other please explain.: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



What are your business challenges?  
\_\_\_\_\_  
\_\_\_\_\_

What are your business opportunities?  
\_\_\_\_\_  
\_\_\_\_\_

What are your business needs to meet your opportunities?  
\_\_\_\_\_  
\_\_\_\_\_

Entry Fee: R 350

PAYMENT: Cash: Bank:

## Banking Details

### PAYMENT DETAILS

Bank: ABSA Branch: Ghandi Square

Katlehong Family Skills Centre,  
555 Tsolo Section, Katlehong, 1431

C] 078 568 8726 F] E] itmavuso@gmail.com W] www.isaacmavuso.co.za

**Account Holder:** ITCED **Account No.** 9226713731 **Type of Account:** Savings  
Please note once the payments made, it is not refundable

---

Send proof of payment copy to [itmavuso@gmail.com](mailto:itmavuso@gmail.com)

**Address:** 20 Ngema Section, Manzini Street, Katlehong, 1431