



ALFRED NZO

DISTRICT MUNICIPALITY

BUSINESS FORUM/CHAMBERS REGISTRATION FORM

APPLICANT NAME (PERSON ON BEHALF OF THE FORUM/CHAMBER OR OTHER)	
DESIGNATION	
LOCAL MUNICIPALITY	
STRUCTURE (FORUM/CHAMBER OR OTHER)	
STATE JURISDICTION (REGIONAL/LOCAL)	

SECTION ONE:

BUSINESS ASSOCIATION NAME	
YEARS IN OPERATION	
REGISTRATION NUMBER (IF AVAILABLE)	
COMPANY TAX PIN	
NUMBER OF DIRECTORS	
MEMBERSHIP STATISTICS	
NUMBER OF YOUTH	
NUMBER OF WOMEN	
NUMBER OF PEOPLE WITH DISABILITY	
TOTAL NUMBER OF MEMBERS	

LIST SECTOR/S OF REPRESENTATION	
CONTACT PERSON	
CONTACT NUMBER 1	
NUMBER 2	
BUSINESS ADDRESS	
EEMAIL ADDRESS	

SECTION THREE:

DECLARATION

I, THE UNDERSIGNED (NAME AND SURNAME)

DECLARE THAT THE INFORMATION PROVIDED IN THE REGISTRATION FORM IS VALID AND CORRECT

I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THEY FIND THAT THIS DECLARATION IS FALSE.

Signature

Date

ANNEXURE 1-SUPPORTING DOCUMENTS CHECK LIST:

COMPLETED APPLICATION FORM	
BUSINESS PLAN (IF AVAILABLE)	
BUSINESS PROFILING	
CERTIFIED ID COPIES OF DIRECTORS	
REGISTRATION CERTIFICATE (IF AVAILABLE)	
TAX CLEARANCE PIN	
PROOF OF TRADING ADDRESS	
PROOF OF BANK ACCOUNT (IF OPERATIONAL)	