



Die Kaapse Instituut vir Handwerk & Ontwerp  
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Database Reg. No. (Office Use Only)

## APPLICATION TO BE INCLUDED ON THE REGISTER OF SERVICE PROVIDERS

### COMPANY or PERSONAL SERVICE PROVIDER PROFILE

(fill in as applicable)

1. PARTICULARS OF BUSINESS OR INDIVIDUAL			
Name of Business		How long have you been in operation?	
Telephone number		Fax number	
Email		Website	
Locality of Business (city/nearest town)		Branch details (if more than one office)	
Street address and Code		Postal address and Code	
Associations or partnerships with other companies			

2. LEGAL STATUS			
Name of managing principal		Job title	
Are you registered as an enterprise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plans for registration if not registered ( <b>attach copies</b> )	
Date on which firm was registered		Company registration number	
Are you registered for VAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	VAT Registration number	
Type of firm: i. Partnership <input type="checkbox"/> ii. One person/sole trader <input type="checkbox"/> iii. Close Corporation <input type="checkbox"/>	iv. Pty Ltd <input type="checkbox"/> v. Other <input type="checkbox"/>	Personal Income Tax reference number (if i. or ii.)  or Company/ enterprise Income Tax reference number	

3. ADDITIONAL DOCUMENTATION (please attach certified copies)			
i. Tax Clearance Certificate (Compulsory) <input type="checkbox"/>	iii. CV / Company Profile <input type="checkbox"/>		
ii. Tax Directive (If required) <input type="checkbox"/>	iv. BEE Scorecard <input type="checkbox"/>		

4. DETAILS OF OWNER/CO-OWNERS							
Name	Citizen-ship	M/F	Race	% Share	Mobile/cell phone	ID Number	Professional Associations

5. PERMANENT STAFF COMPLEMENT (please indicate numbers):							
Principals		Professionals		Technical staff		Administrative staff	

6. QUALIFICATIONS AND AREAS OF EXPERTISE OF SERVICE PROVIDERS (A full CV to be attached)					
Name	Qualifications and obtained from which Institution	First Area of Expertise	Second Area of Expertise	Third Area of Expertise	Fourth Area of Expertise

7. FINANCIAL DETAILS			
Name of bank		Name of account holder	
Name of branch		Branch code	
Account Type		Account Number	

8. REFERENCES						
No.	Organisation	Physical address	Contact person - Name	Contact person - Tel	Contact person - Cell	Description of service delivered
1.						
2.						
3.						
4.						
5.						

The information contained in this Registration Form will be treated in the strictest confidence and will only be used for the purpose indicated in the attached advert.

Please indicate if you would like to be put on the CCDI mailing list to receive newsletters and other notification of the activities of the Institute? Yes \_\_\_\_\_ No \_\_\_\_\_

I, the undersigned, duly authorised to sign on behalf of \_\_\_\_\_ hereby declare that the information contained in this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_

Registration number: **2004/014391/08**  
 Vat Registration number: **425/022/2942**  
 Public Benefit Organisation number: **930015297**

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 and the Cape Peninsula University of Technology

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