



# NAMAKWA DISTRICT MUNICIPALITY

## BUSINESS REGISTRATION DETAILS

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### 1. COMPANY or INSTITUTIONAL PROFILE - Please Complete

<b>Name</b>						<b>Trading Name</b>				
<b>Structured as</b>	CC	Gov Dept	NGO	Public Co.	Section 21	Sole Owner	Trust	Partnership	Unknown	Please tick one dd/mm/yyyy
<b>Size</b>	Medium	Micro	Small	Very Small	Unknown	<b>Established Date</b>				
<b>Postal Address</b>						<b>Physical Address</b>				
						<b>Suburb</b>				
						<b>City</b>				
<b>Postal Code</b>			<b>Phone 1</b>			<b>Phone 2</b>				
<b>Email</b>						<b>Fax</b>				
<b>URL</b>										

### 2. CONTACT PERSON/OWNERS/DIRECTORS - Please Complete

<b>Title</b>		<b>Name</b>		<b>Surname</b>		<b>Initials</b>	
<b>I.D.No.</b>				<b>Designation</b>		<b>% Shares</b>	
<b>Qualification &amp; Experience</b>							
<b>Contact No's</b>	<b>Tel.</b>		<b>Fax</b>		<b>Cellular</b>		
<b>Email Address (if any)</b>							
<b>Home Language</b>		<b>Gender</b>	Male	Female	<b>Previously Disadvantaged</b>	Yes	No
							Tick one

<b>Title</b>		<b>Name</b>		<b>Surname</b>		<b>Initials</b>	
<b>I.D.No.</b>				<b>Designation</b>		<b>% Shares</b>	
<b>Qualification &amp; Experience</b>							
<b>Contact No's</b>	<b>Tel.</b>		<b>Fax</b>		<b>Cellular</b>		
<b>Email Address (if any)</b>							
<b>Home Language</b>		<b>Gender</b>	Male	Female	<b>Previously Disadvantaged</b>	Yes	No
							Tick one
<b>Email Address (if any)</b>							
<b>Home Language</b>		<b>Gender</b>	Male	Female	<b>Previously Disadvantaged</b>	Yes	No
							Tick one

### 3. REGISTRATION DETAILS - Please Complete

<b>Reg. No.</b>		<b>Reg Date</b>		<b>Vat Reg. No.</b>	
<b>Tax Reg. No.</b>		<b>Previous Company Name</b>			
<b>Tax Clearance Certificate</b>	Yes	No	<b>Date Name Changed</b>		
<b>Description of Business</b>					



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## 4. PARENT / HOLDING COMPANY - Please Complete All

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Name					
Reg. No.					
Vat No.					
Contact No.	Phone Code		Phone No.		Fax

## 5. BANKERS (BANK AUDITOR)

## 6. PRODUCTS

Bank Name		Description	
Branch		Product 1	
Branch Code		Product 2	
Account No.		Product 3	
Type of Account		Product 4	
Contact Person		Product 5	
Phone Number		Product 6	

## 7. MEMBERSHIP (AFFILIATION)

## 8. WORKFORCE

Organisation		Total Employees	
Membership Type		Total Blacks	
Date Joined		Total Whites	
Expiry Date		Total Coloureds	
Contact Person		Total Indians	
Designation		Total Asians	
Phone Code & No.		Total Males	
Fax No.		Total Females	
		Total Handicapped	

## 9. MANAGEMENT

## 10. VOTING RIGHTS (PERCENTAGE)

## 11. TRADE REFERENCES

Total Blacks		Total Blacks		1. Business Name	
Total Whites		Total Whites		Business Tel.	
Total Coloureds		Total Coloureds		2. Business Name	
Total Indians		Total Indians		Business Tel.	
Total Asians		Total Asians		3. Business Name	
Total Males		Total Males		Business Tel.	
Total Females		Total Females			

Sign for this information to be advertised .....

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 Postal address: PRIVATE BAG X20, Springbok, 8240