



**APPLICATION FOR REGISTRATION
ON
DATA BASE**

MENTORS / COACHES / TRAINERS

SECTION 1: ORGANISATION DETAILS:

<u>NAME OF ORGANISATION:</u>	<u>DATE OF REGISTRATION</u>	
<u>REGISTERED STATUS :</u>	<u>REGISTRATION NUMBER :</u>	
<u>COMPANY :</u>		
<u>ACCREDITATION:</u> (if you have more accreditors and accredited roles than is provided for on this page, please include the particulars on a separate page and attach to this form)		
<u>ACCREDITOR</u>	<u>LIST OF ACCREDITED SERVICES</u>	
<u>IS THE ORGANISATION AFFILIATED TO ANY OTHER BODY OR STRUCTURE?</u>		
<u>Yes</u> <input type="checkbox"/>		
<u>(if yes, please specify the name and contact details of this body or structure)</u>		
<u>BODY OF AFFILIATION</u>	<u>CONTACT DETAILS</u>	<u>AFFILIATION DATE</u>
<u>No</u> <input type="checkbox"/>		

SECTION 2: CONTACT DETAILS:

<u>PHYSICAL ADDRESS:</u>	<u>POSTAL ADDRESS:</u>
<u>CONTACT NUMBER :</u>	<u>CELL NUMBER :</u>
<u>EMAIL ADDRESS :</u>	<u>FAX NUMBER:</u>

SECTION 3: PARTICULARS OF OFFICE BEARERS:

PARTICULARS OF OFFICE-BEARERS (if you have more office-bearers than is provided for on this page, please include the particulars of these office-bearers on a separate page and attach to this form)

<u>NAME :</u>	<u>SURNAME:</u>
<u>ID NUMBER</u>	<u>DESIGNATION</u>
<u>CONTACT NUMBER :</u>	<u>CELL NUMBER :</u>
<u>EMAIL ADDRESS</u>	<u>RESIDENTIAL ADRESS</u>

DECLARATION BY PERSON SUBMITTING THIS APPLICATION

I, the undersigned, declare that I am dully authorised by my organisation to complete and submit this application and that the information contained in this form is t the best of my knowledge correct.

Name(s):

Capacity:

Signatures:

Date: