**REGISTRATION FORM**

1. **COMPANY REGISTERED NAME: ……………………………………………………………………………………………………………................................ ……………………………………………………………………………………………………………………………………………**
2. **COMPANY TRADING NAME: ………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………**
3. **OWNERS /DIRECTORS: …………………………….……………………………………………………………………………………………………………. ……………………………….………………………………………………………………………………………………………….**
4. **PHYSICAL ADDRESS: …………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………**
5. **POSTAL ADDRESS: ………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………**
6. **PHONE NUMBER: ……………………………………………………………………………………………………………………………………………**
7. **EMAIL ADDRESS:**

**…………………………………………………………………………………………………………………………………………..**

1. **TYPE OF BUSINESS: …………………………………………………………………………………………………………………………………………..**
2. **COMMENCEMENT DATE: …………………………………………………………………………………………………………………………………………..**
3. **NO. OF EMPLOYEES: ……………………………………………………………………………………………………………………………………………**

**DATE:……………………………………….SIGNATURE OF EMPLOYER……………………………………………..**