

SOUTHERN PALACE

ADVISORY SERVICES

SERVICE INQUIRY FORM

COURSE

APPLICATION

PLEASE USE CAPITAL/BLOCK LETTERS

COURSE DATE: COMPANY NAME : REGISTRATION NUMBER : VAT NUMBER:

ENTITY INFORMATION

SECTOR : ADDRESS : CODE:

BEE INFORMATION

AVERAGE ANNUAL TURNOVER : TOTAL STAFF:

AUTHORISED CONTACT PERSON INFORMATION

TITLE : REPRESENTATIVE NAME : DESIGNATION : DIRECT TELEPHONE : CELLPHONE : EMAIL :

DECLARATION

I declare that the information provided is correct to the fullest of my knowledge. Any changes hereafter shall be made with you in writing within 14 working days.

DULY SIGNED

DATE SIGNED:

PRINT NAME