

SMMES, COOPERATIVES AND BUSINESS REGISTRATION FORM

Full Name :					Citizenship:		
ID No :					Contact No:		
PARTICUL	ARS OF	BUSIN	ESS				
Name of B	Business:			· · · · · · · · · · · · · · · · · · ·			
CIPRO Reg	gistration	n No. (I	If applica	ıble):			
Tax Numb	er (If ap	plicable	e):			·····	
Certificate Number:					Date of Issue:		
Business type:					Code:		
Principal (Core) Bus	siness: _					
Tel: Fax:					email:		
Physical ac	ddress: _						
						Code:	
Postal add	ress:			 	· · · · · · · · · · · · · · · · · · ·		
						Code:	
Magistrate	office:						
STAFF CO	MPOSIT	ION					
NO. of employees	Race	Age	Gender	Citizenship	-	Permanent/Temporary	

20 YEARS OF THE PROPERTY OF TH

MUNICIPAL CALL CENTRE NUMBER: 0800 222 011