



APPLICATION FORM

The purpose of this application form is to provide Phambili Ukuchuma (Pty) Ltd with sufficient information to quote you accurately in order to provide the selected service(s). Completing of this application form as well as supporting documentation is required before PU can proceed with any services.

CONFIDENTIALITY

PU adheres to the highest standards of conduct and moral behaviour and shall perform all services with due care, competence and diligence. PU respects the confidentiality of information acquired during the course of performing our services and shall not use or disclose any such information without proper and specific authority.

Please complete the attached application form and forward it to:

Attention: Annemarie Van der Walt
Phone: 083 635 5545
Email: pu.annemarie@gmail.com

ENTITY DETAILS

Entity name _____

Trading name _____

Registration number _____ VAT no. _____

Physical address _____ Postal address _____

CONTACT DETAILS

Contact person _____ Title _____

Designation _____ Email address _____

Telephone _____ Cellphone _____

Fax number _____ Website _____

ADDITIONAL INFORMATION REQUIRED

(Training provision only)

Indicate benefits to consider when selecting training options:

B-BBEE If B-BBEE is selected, please indicate category

EME	QSE	GEN
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Specify which B-BBEE sector code (if any) _____

Employment Equity Procurement

WSP Health & Safety

What type of training are you interested in?

Would you like us to do a Needs Analysis for you? (Y/N)

Number of candidates: _____

Please specify area in which training should take place? _____

(Note: If no. of candidates is below minimum, the closest available venue will be suggested to you)

SERVICES

Please select the services you are applying for:

Skills Development Consulting		Training provision	
Skills Development submissions (WSP/ ATR)			

TO BE COMPLETED BY APPLICANT (ENTITY)

The completed application form must be signed on behalf of the entity by a duly authorised signatory.

Name

Signature

Designation

Date