



**APPLICATION FOR ENROLLMENT
BUSINESS MANAGEMENT & MENTORSHIP TRAINING**

Entrepreneur Information

Name of business owner			
ID Number			
Disability (please tick and type of disability)	Yes	No	
Business partners (please tick) – <i>if yes, please list their names, gender & race on a separate page.</i>	Yes	No	

Business Information

Name of Business	
Type of Business (e.g. accommodation, tour operator, restaurant, etc.)	
Business Registration no.	
Years of operation	
SARs Tax Status	
Number of employees: Permanent: Part-Time:	
Youth & women involvement percentage	
Business physical address	
Town / Village	
Municipality & District	
Contact number/s	
Email address	
Web address	
Social Media Platforms	
Motivation why your business should be selected:	
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.....	
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.....	
Signature of applicant:	