

Client Registration Form

Application Date: _____

Part 1

Business Information

Is your business registered? Yes No

Business Name: _____

Company: _____

Number of years in operation: _____

Services/products provided: _____

Number of employees: _____

Business Address: _____

Do you have an updated Business Plan? Yes NoHave you exported Services before? Yes No

If no, what plans do you have in place to export? _____

What markets are you presently targeting? _____

Part 2

Personal Information

Work Phone: _____

Mobile Phone: _____

e-mail: _____

Sex: Male Female

Skype Address: _____

Fax: _____

What are your expectations for this training programme? _____

Would you be available for three (3) hours twice weekly for a period of 4-6 weeks to do the training? Yes No

Full Name _____ Signature _____ Position _____ Date _____



Enhancing Competitiveness in the Global Marketplace