



MAYOR'S CRAFT MARKET - CAPE TOWN CIVIC CENTRE

REGISTRATION FORM

DATE RECEIVED			
ACCEPTED	YES	NO	
COPY OF SA ID	YES	NO	

PERSONAL DETAILS

SURNAME													
NAME													
IDENTITY NUMBER													
RACE													
DISABILITY	YES	NO	Specify if YES										
CHRONIC ILLNESS	YES	NO	Specify if YES										
CELL NUMBER													
EMAIL													
VEHICLE REGISTRATION													
STREET ADDRESS													
							POSTAL CODE						
LIST OF GOODS/ ITEMS FOR SALE													
NAME NEXT OF KIN													
RELATIONSHIP													
CONTACT NUMBER													

I _____ in my capacity as _____ for the above-mentioned small business hereby confirm that all the information supplied is true and correct.

Signature

Date