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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration form: Digital Training for SMES** | | | | | | | | **Allocation**  (for office use!) | | | | 4579/5212 | |
| **Personal details** | | | | | | | | | | | | | |
| Title | Mr | |  | Ms | |  | Dr. | |  | | Others | |  |
| First name(s) |  | | | | | Surname | | | |  | | | |
| ID or passport no. |  | | | | | Cell no. | | | |  | | | |
| Sex | F |  | | M |  | Highest qualification | | | |  | | | |
| Town |  | | | | | Nationality | | | |  | | | |
| Email address  (email that you use) |  | | | | | Postal address | | | |  | | | |

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| **Business details** | | | | | |
| Business Name |  | | | | |
| Your position in the business |  | | Type of business |  | |
| Years in Operation |  | | Tel(w) |  | |
| How many employees |  | |  |  | |
| Do you own a smartphone | *Yes* | *No* | Do you own a computer/laptop | *Yes* | *No* |
| Does the business have a Facebook page | *Yes* | *No* | Do you use Social Media to advertise your Services/ Products | *Yes* | *No* |

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| **How did you find out about the course?** | | | |
| Facebook | Friends | Others | Membership Organization |

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| **Payment Details** |
| **Payment of N$ 100: First National Bank**, Windhoek, NAMIBIA; Name of account: **Namibia University of Science and Technology - CED**; Account number: **62241609257**; Branch code**: 281872**; **Reference; Your name and surname. Attach proof of payment to your application. Upon completion of the training, participants will receive their N$ 100 refund.** |

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| **Conditions** | |
| Cancellations | Participants will not receive their refund upon cancellation of the registration. Participants will not receive their refund if they have not attend the full course of the training. |
| Documents | Only registration form with the required supporting documents will be accepted. There are limited seats  The documents will not be returned |

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| **I agree to CED using my personal data strictly for administrative purposes and services provided by the Centre.** | | | |
| Signature |  | Date |  |