



REGISTRATION

Name of Business: _____

Manager's Name: _____
Name _____ Surname _____

Owner's Name: _____
Name _____ Surname _____

Physical Address: _____
Street, House number _____

Town _____

ZIP Code _____

Postal Address: _____
P O Box _____

Town _____

ZIP Code _____

Telephone: _____
Manager _____ Owner _____

Mobile: _____
Manager _____ Owner _____

Website: _____

VAT number if applicable: _____

I authorise Go-Ki-Ka/Philippolis.info to use info & photos from my website:

YES	NO
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If I don't authorise Go-Ki-Ka/Philippolis.info to use info & photos from my website I shall email the information and photos to gokika@philippolis.info

With my signature I commit to the agreement that a service fee of R250 annually applies.

Date & Signature: _____