

E-COMMERCE WEBSITE DEVELOPMENT TRAINING FOR MSES REGISTRATION FORM

dd/mm/yyyy

A. Personal Information **DOB:** ____/____/____

1. Name: _____ ☐ Male ☐ Female

2. Address: _____

3. Contact No.: Land _____ Cell _____ Fax _____

4. Email: _____

5. Position: ☐ Business Owner ☐ Staff

B. Business Information

1. Name of Business: _____

2. Type of Business: _____

3. Ownership Structure: ☐ Sole Proprietorship ☐ Partnership
☐ Incorporated ☐ Other (Specify) _____

4. Business Address: _____

C. Registration Status

Please provide proof of the following:

1. Business is Registered with **NIC**: ☐ Yes ☐ No
If **YES**, please indicate the *NIC Registration No*: _____

2. Business is Registered with **Inland Revenue Department**: ☐ Yes ☐ No
If **YES**, please indicate the *Tax Account No*: _____

3. Business is Registered with **the Registry of Companies**: ☐ Yes ☐ No
If **YES**, please indicate the *Business Registration No. & Date*: _____

D. Training Schedule

Each participant will receive a total of five (5) days of training. Please select the training schedule that is most convenient for you. (*Choose only **one** option*)

TRAINING VENUE	TIME	TRAINING DATES	
		(Please Select)	
GAMA Learning Institute (L'Anse Rd.)	8:30 pm – 4:30 pm	<input type="checkbox"/> April 29 th – May 3 rd , 2013	<input type="checkbox"/> May 6 th –10 th , 2013

E. Other

1. Have you dealt with SEDU before? ☐Yes ☐No
2. How did you learn about SEDU?_____

F. I _____ understand that the information provided above may be shared with the NIC or Inland Revenue Department upon request and am duly authorized to provide such information, and that the information is true and correct to the best of my knowledge.

I am also aware that the total cost of the training is **EC\$875**. However, I will be eligible to pay **EC\$475** to the GAMA Learning Institute if the criteria in **Section C** are met in full.

Signature_____ Date_____

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Applicant meets all requirements ☐Yes ☐No

Applicant is eligible to attend training ☐Yes ☐No

Letter of Approval Issued to Applicant ☐Yes ☐No ☐Pending

Head of SEDU:_____ **Date:**_____