

COMPANY DETAILS - DATE: _____

Registered Company name:

Trade name if applicable:

Company registration number:

Date company established:

VAT number:

UIF number:

WCC number:

Physical address:

Postal address:

Person responsible for payments:

Name

Contact number

Email address

Person responsible for booking of medicals

Name

Contact number

Email address

CEO of the company or MD

Name

Contact number

Email address

Special notes: