

Creative Minds® Application for New Licensee:

1. Personal Details

Surname					Title					
First Names										
Town or Country of Birth					Gender	M	F			
Nationality										
ID Number or Passport Number										
E-mail address										
Telephone Numbers	Home				Cellular					
	Business				Fax					
Residential Address										
Period at current address	Years				Months					
	Owned by self		Owned by spouse		Owned by self and spouse					
Residential Property is	Rented by self		Rented by spouse		Rented by self and spouse					
Postal Address										
						Code				
Number of Dependents		Number of children		Their ages						

2. Marital Status

Married	No								
	Yes, ANC with accrual		Yes, ANC without accrual		Yes, in community of property				
Divorced			Widowed(er)						

3. If married, please supply the following information about your spouse			
Surname		Title	
First Names			
Name of Employer			
Current position			

4. Employment History (from most recent)				
Employer	From	To	Position last held	Annual Income
<input type="checkbox"/> Kindly include your CV				

5. Education				
Highest Secondary qualification		Year Passed		School
If you have a degree or diploma, please specify				
If you have any other formal business skills, please specify				

6. Computer Literacy						
Indicate your level of literacy	MS Word	MS Excel	MS Outlook	Internet Explorer	Pastel Accounting	Other
Please provide us with full details of previous practical computer experience						
If you have any other formal business skills, please specify						

7. Credit record			
Have you ever been blacklisted?		If YES, provide details	
Have you ever been sequestrated?		If YES, provide details	
If YES, have you been rehabilitated?		If YES, provide details	
Have you ever been found guilty of a criminal offence?		If YES, provide details	

8. Previous business interests			
If you had any previous active interest in any other business, please provide the following details			
Registered Name			
Nature of business			
Period Involved		Shareholding %	
Reason for departure			

9. Other current business interests				
If you currently have interest in any other business, please provide the following details				
Registered Name				
Nature of business				
Interest Capacity	Active	Silent	Discretionary	Shareholding %
Value of interest	Capital			

Dear Applicant,

Thank you for completing this form. Please submit this form by fax to: 021 930 0079 or by e-mail it to info@minds.co.za.

Feedback can be expected within 7 days.

Kind Regards,
 Marius Lubbe
 Managing Director: Cyber-Minds (Pty) Ltd