

<b>A-1</b>	<b>PARTICULARS ABOUT THE ORGANISATION</b>	
<b>A1.1</b>	Complete the information in the table below. Please ensure that all SDL numbers and corresponding organisation names are specified	
<b>A1.2</b>	<b>Name of Organisation</b>	
<b>A1.3</b>	<b>Trading as (if applicable)</b>	
<b>A1.4.1</b>	<b>Postal Address Place</b>	
<b>A1.4.2</b>	<b>Postal Address P.O. Box</b>	
<b>A1.4.3</b>	<b>Postal Address Suburb</b>	
<b>A1.4.4</b>	<b>Postal Address Code</b>	
<b>A1.4.5</b>	<b>Physical Address Place</b>	
<b>A1.4.6</b>	<b>Physical Address No &amp; Street</b>	
<b>A1.4.7</b>	<b>Physical Address Building</b>	
<b>A1.4.8</b>	<b>Physical Address Suburb</b>	
<b>A1.5</b>	<b>SDL Number</b>	
<b>A1.6</b>	<b>SDL numbers related to the main SDL Company</b>	
<b>A1.7</b>	<b>Date of submission (mm.dd.yyyy)</b>	
<b>A1.8</b>	<b>SIC Code</b>	
<b>A1.9</b>	<b>SDL number (include the SDL number and name of main and linked SDLs)</b>	
<b>A1.10</b>	<b>Telephone Number</b>	
<b>A1.11</b>	<b>Fax Number</b>	
<b>A1.12</b>	<b>Email Address</b>	
<b>A1.13</b>	<b>Total employment (defined as total workforce in respect of which SDL have been paid to SARS)</b>	
<b>A1.14</b>	<b>Name(s) of Skills Development Facilitator(s) (SDF)</b>	
<b>A1.15</b>	<b>SDF address (if different from address of organisation indicated above)</b>	
<b>A1.16</b>	<b>Contact Details of SDF</b>	
<b>A1.17</b>	<b>Telephone Number</b>	
<b>A1.18</b>	<b>Mobile Telephone Number</b>	
<b>A1.19</b>	<b>Fax Number</b>	
<b>A1.20</b>	<b>Email Address</b>	
<b>A1.24</b>	<b>SDF Signature</b>	
<b>A1.25</b>	<b>Authorised Signatory Signature</b>	