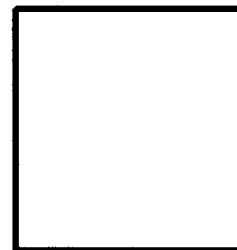


## OWNER MANAGERS PROGRAMME



Surname	First Name	Other Names
First name you would like to be called _____		
Company name _____		
Current job title _____		
Company address _____		
Company telephone numbers _____		
Direct telephone numbers _____		Email _____
Company products/services _____		
Total no. of company employees _____		
Annual turnover (R) _____		
Nationality _____		Date of birth _____
Marital status _____		Name of spouse _____
Number of children _____		Ages of children _____
Religion and denomination _____		



**EDUCATIONAL BACKGROUND**

- List below your academic history, chronologically, including secondary, and higher education.

Institution	Location	Time/Period		Title/Degree Obtained
		Begun	Ended	

- List below other formal academic courses, post graduate work, management programmes (of 3 or more weeks in duration) in which you have participated.

**PROFESSIONAL EXPERIENCE**

- List chronologically the organizations for which you have worked and your positions within them, including your present one. (If you need more space, attach a further page).

Name of Company	Position held	Period at that position	No. of employees

- Mention any professional bodies, associations, sports and social clubs, and voluntary organizations in which you do hold or have held membership, mention also any post you may have held in each. Mention the reason why you want to attend the OMP.

.....  
Applicant's signature & Date