

**KWAZULU-NATAL
AMAFA AND RESEARCH INSTITUTE**

**ISIKHUNGO SAMAFA NOCWANINGO
SAKWAZULU-NATALI**

**KWAZULU-NATAL
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**APPLICATION FOR INCLUSION IN THE KWAZULU-NATAL REGISTER OF HERITAGE
CONTRACTORS AND ARTISANS**

(TO BE COMPLETED TOGETHER WITH THE APPLICATION FOR INCLUSION IN THE AMAFA SUPPLIERS DATA BASE.
ATTACH SUPPORTING DOCUMENTATION TO SUBSTANTIATE THIS APPLICATION)

BUSINESS NAME: _____
VAT NO: _____ CSD REG NO _____

ADDRESS: _____
_____ CODE: _____
TEL: _____ FAX: _____
CELL: _____ E-MAIL ADDRESS: _____

ARTISAN'S/ PRINCIPLE CONTRACTOR'S NAME: _____
PROFESSION/JOB TITLE: _____
QUALIFICATIONS: _____

ASSOCIATION/GUILD MEMBERSHIP: _____

REG. NO. _____ NUMBER OF YEARS EXPERIENCE _____

EXPERIENCE IN HERITAGE ARCHITECTURE (RESTORATION, CONSERVATION,
ADAPTATION)

OTHER EXPERIENCE: _____

SIGNATURE: _____ DATE: _____