

## MUD ACCREDITATION APPLICATION

DATE OF APPLICATION		
FIELD	COMMENTS	SELECTION
Name Full of Applicant		
Email Address		
Contact Nr		
Type of Business (Select one and provide required info )		
Individual	Identity Number:	Trading Name of Installation Business:
CICP Registered Company	CIPC Company Registration Number:	Trading Name of CICP company:
<input type="checkbox"/> VAT Registered	VAT Registration Number:	
<input type="checkbox"/> Not VAT Registered		
Physical Address of Business		
Region of the Application (Select One)		
<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> Mpumalanga	
<input type="checkbox"/> Free State	<input type="checkbox"/> North West	
<input type="checkbox"/> Gauteng	<input type="checkbox"/> Northern Cape	
<input type="checkbox"/> Kwa Zulu Natal	<input type="checkbox"/> Western Cape	
<input type="checkbox"/> Limpopo		

By completing this application, you acknowledge that you comply with the requirements to become an Accredited Installer as outlined on the website and that you agree that your application will not be considered with incomplete information that would enable successful evaluation of your application.



### 3. Technician Information

Technician information and Qualifications				
Technician Name	Technician Surname	Training Level Completed	Qualification Number	Contact Details

### 4. Tools Information

Tools your Company has access to		
Tools	Serial Number	Model Type

Kindly send the completed the above spread sheets to  
[CSQA@multichoice.co.za](mailto:CSQA@multichoice.co.za)