

ENTREPRENEURS NETWORK ASSOCIATION OF ZIMBABWE
REGISTRATION FORM

Name(s) Surname

Date of birth Mobile Number

Marital Status Married Single Widowed

Physical Address:

Postal Address:

Email address

Do you have an existing business Yes No

Is your business registered? Yes No

Business Category:
.....
.....

Nature of Business/ Interested in:
.....

Mode: Aspiring Entrepreneur Start-Up Owner Creative Minds
 Student Skilled Manpower

Signature of Applicant:

For Office use only

Membership Approval

Signed..... Chairperson

Signed..... Designation