PROPHET W. MAGAYA - MENTORSHIP CLASS REGISTRATION FORM



Please complete this form using BLOCK letters and tick where appropriate. Please note that all fields are mandatory per each chosen section.

PERSONAL DETAILS			
First Name(s)		Age	
Last Name(s)		City/Province	
ID Number		Country	
Gender	Male	Mobile Number	
	Female	Email Address	
NEXT OF KIN			
First Name(s)		Mobile Number	
Last Name(s)		Email Address	
· /			
MINISTRY SECTION			
Are You In Ministry?	Yes No Wha	t Position Are You? Own Min	istry Under Someone's Ministry
If Under Someone Who is the Founder?			
Name Of Ministry			
How Old Is The Ministry?			
Ministry Address			
Ministry Mobile Number		Fax/Post Code	
Website Address		Ministry Email Address	
BUSINESS SECTION			
Business Status	Own Business Worker Entrepreneur		
Business Name(s)			
Business Area			
Business Address			
Business Mobile Number		Fax/Post Code	
Website Address		Business Email Address	
WHAT TO VOLUE POCUTION IN THE BUGINESS			
WHAT IS YOUR POSITION IN THE BUSINESS			
Company CEO	Cor	mpany Director	Company Manager
Finance Manager	Oth	ner	
Specify Position(s)			