CONSULTING ENGINEERS SOUTH AFRICA

DETAILS OF OFFICES ***WITHIN*** THE REPUBLIC OF SOUTH AFRICA:

(Complete **a separate sheet** for each office)

HEAD OFFICE ☐ ONLY OFFICE ☐ BRANCH OFFICE ☐ SUBSIDIARY COMPANY ☐

NAME OF FIRM: _____

PHYSICAL ADDRESS

Building: _____

Street: _____

Suburb: _____

City/Town: _____

Province: _____

Local Municipality: _____

District/Metropolitan Council:

_____

The area within which the office is situated must be accurately specified to facilitate entry in the Geographic Listing of the Directory of Firms

POSTAL ADDRESS: _____

_____ Code: _____

TELEPHONE NO.: Code: _____ Number: _____

FAX NO.: Code: _____ Number: _____

EMAIL: _____

IF SUBSIDIARY COMPANY – STATE NAME OF HOLDING COMPANY:

_____

NAME (REGISTRATION AND QUALIFICAITON, IF ANY) OR PERSON IN CHARGE OF OFFICE:

NAME: _____

REGISTRATION AND QUALIFICATIONS: _____

EMAIL ADDRESS: _____

B. TOTAL STAFF AT THE BRANCH **ONLY**

TOTAL OF ALL PROFESSIONAL STAFF INCLUDING PRINCIPALS LISTED IN SECTION A ABOVE.	
TOTAL OF NON-PROFESSIONAL TECHNICAL AND CONTRACT STAFF (E.G. GRADUATES, DRAUGHTSPERSON, LABORATORY ASSISTANCE ETC.)	
(E.G. SECRETARIES, BOOKKEEPERS ETC)	
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