

# NEC FOOD AND ALLIED INDUSTRIES

## REGISTRATION FORM

### 1. EMPLOYER

Full Name of Owner \_\_\_\_\_

Full Trade Name \_\_\_\_\_

Registered Name of Company \_\_\_\_\_

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Type of Operation (Sub-sector) \_\_\_\_\_

### 3. Management

Name of GM/MD \_\_\_\_\_

4. **Employees** (No. of non Managerial) \_\_\_\_\_

5. Employee responsible for submitting returns to NEC

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

I/We hereby declare that the information given above is true and correct in all aspects.

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return to  
P.O. Box B.E. 1313  
Belvedere  
**Harare**

\_\_\_\_\_ for office use only

Registration Number: \_\_\_\_\_