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EMAIL JOB NOTIFICATIONS APPLICATION FORM

YOUR COMPANY DETAILS	
Business Name: _____	Contact Person: _____
Tel No: _____	Fax No: _____
E-mail: _____	Town/City: _____

INDICATE THE NATURE OF JOBS THAT YOU ARE INTERESTED IN		
	Accounting & Finance	
	Arts, Design & Media	
	Clerical & Administrative	
	Computers & Telecomm	
	Customer Service	
	Education & University	
	Engineering & Technical	
	Healthcare & Medical	
	Hospitality & Catering	
	Travel, Leisure & Tourism	
	Logistics & Transport	
	Human Resources	
	Legal & Consulting	
	Management	
	Marketing & Sales	
	Scientific	
	Skilled labour & Trades	
	Other (please specify)	

PAYMENT DETAILS	
Bank Name: _____	Account Holder: _____
Account No: _____	Branch Code/Name: _____
Account Type: Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/> Savings <input type="checkbox"/>
Payment: Yearly (N\$ 495) <input type="checkbox"/>	Preferred Payment Date: 1 st <input type="checkbox"/>

NB: N\$/R 495 per year for up to 5 categories and N\$/R 10/month extra per additional category selected

SIGNATURE _____

DATE: _____

Your signature on this form enters you automatically in a 12-month contractual agreement with AZAFRICA.COM as from the date indicated on this form. Contract is automatically renewed unless cancellation received in writing. Price Excluding VAT.