

CLIENT / JOB CAPTURING FORM

JOB NUMBER:

PERSONAL DETAILS

tick a box

Tech. Center	InnoVenton DCTS		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>			
First Name (s)			Gender	Male	Female	
Last Name (Surname)			Race	Black	White	
ID Number				Nationality		
Are you Disabled?	Yes	No	Type of Disability			

CONTACT DETAILS

Address Line 1	
Address Line 2	
Area Code	
Telephone	
Cellphone	
Work Tel	
Other	
Fax	
Email	
website	

BUSINESS DETAILS

Do you have a business?	Yes	No		
Name of Business				
Business Type <i>Mark with X</i>	CC	Pty	Sole Prop	Co-op
Registration No.				
Tax Number				
VAT				
Tax Clearance	YES	NO		
Number of employees	Females		Males	
Annual turnover				
Business Profile (BP) <i>Mark with X</i>	SME	LARGE	HEIs/Science Councils	Techno / Start-Entrepreneur
(BP) if other				
Description of Business / idea *				
Information Provided				
Drawing	CAD Data	<input checked="" type="checkbox"/> Sample	Other	
<i>If other</i>				

SERVICE AT TECHNOLOGY CENTERS

Testing	<input checked="" type="checkbox"/>
Analysis / Analytical Services	<input checked="" type="checkbox"/>
Manufacturing	
Consultation / Technology Audit	
Product & Process Development	
Applied Engineering Design & Development	
Research and Development	
Technology Demonstration / Training	
3D Prototyping	

EXPECTATION ON PRODUCT / PROCESS

SABS Approval	
Quality Standards	
Compliance	<input checked="" type="checkbox"/>
Competitive	
Green Technology	
Ability to perform practical application after training	

ENVISAGE SOCIO ECONOMIC IMPACT

Technological Innovation	
New Markets or Larger Markets	
Export Facilitated	
Jobs Created / Secured	
Productivity / Increase in turnover	<input checked="" type="checkbox"/>

Client Name: _____

Signature: _____ Date _____

Technologist / Engineer Signature _____ Date _____