



GAUTENG TOURISM AUTHORITY
2nd Tourism Amendment Act 2000

TOURIST GUIDE REGISTRATION FORM FOR THE YEAR 20...../20.....

NEW REGISTRATION

RE-REGISTRATION GP No _____

PERSONAL PARTICULARS	
TITLE	
SURNAME	
NAMES	
NAME TO BE USED ON BADGE	
TELEPHONE NUMBERS	Cell:
	(W):
	(H):
	(F):
EMAIL ADDRESS	
DATE OF BIRTH	
IDENTITY NUMBER	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
NATIONALITY	
COUNTRY OF NATIONALITY IF NOT SOUTH AFRICAN	
LANGUAGE COMPETENCIES (proof to be attached)	
PASSPORT No	
PERMANENT RESIDENCY DETAILS	
WORK PERMIT DETAILS	

APPROPRIATE TRAINING COURSES SUCCESSFULLY COMPLETED		
Module	Training institution	Date Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

QUALIFICATIONS		
Name of institution	Highest qualification	Year obtained
1.		
2.		
3.		
4.		
5.		
6.		

DRIVER'S LICENCE	
PUBLIC DRIVING PERMIT	

REGISTRATION	
PROVINCE OF REGISTRATION	
National Qualification Framework (CATHSSETA,TECHNIKON, UNIVERSITY)	
Other specialist qualifications	

STATISTIC INFORMATION (Circle)						
RACE:						
<table> <tr> <td>WHITE</td> <td>BLACK</td> <td>COLOURED</td> </tr> <tr> <td>INDIAN</td> <td>ASIAN</td> <td>OTHERS:</td> </tr> </table>	WHITE	BLACK	COLOURED	INDIAN	ASIAN	OTHERS:
WHITE	BLACK	COLOURED				
INDIAN	ASIAN	OTHERS:				
GENDER:						
<table> <tr> <td>MALE</td> <td>FEMALE</td> </tr> </table>	MALE	FEMALE				
MALE	FEMALE					

APPLICATION FEE:
PAID AS FOLLOWS:
DATE:
AMOUNT

I DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT.

Signature:..... Date.....