**Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title (Mark with X)** | **Ms** |  | **Mr** |  |  |
| **Name** |  |
| **Surname** |  |
| **Identity Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **NB**: Attach a certified copy of your South African ID.

**Contact Information**

|  |  |
| --- | --- |
| **Email Address** |  |
| **Cell Phone Number** |  |  |  |  |  |  |  |  |  |  |
| **Business Number** |  |  |  |  |  |  |  |  |  |  |

Residential Address

|  |  |
| --- | --- |
| **Street Address** |  |
| **City/Town** |  |
| **Province** |  |
| **Municipality** |  |
| **Postal Code** |  |

 **NB:** Attach a copy of your KZN proof of residence.

**Business Information**

|  |  |
| --- | --- |
| **Business Name** |  |
| **Business Registration Number** |  |
| **CIPC Registration Number** |  |

**NB**: Attach a copy of your business registration.

**Innovation Information**

|  |  |
| --- | --- |
| **Title of Invention/Project** |  |
| **Type of Invention [New/Improvement]** |  |
| **Description of the Invention** |  |
|  |

**NB**: Attach drawings or designs of your invention and provide a full detailed proposal/concept of the project.

**Declaration**

I,……………………………………………………………………………………………………….the undersigned, declare that the information provided in this application is accurate and complete. I understand that the selection committee will evaluate applications based on the specified criteria, and MKRI reserves the right not to appoint successful candidates.

**Signature**:………………………………….

Date: /02/2025