



FORM A: REGISTRATION FORM Intention to submit:

to be filled in by any eligible person wishing to enter the competition.

Name: (Please print).....

Names of associates, if applicable.....

Street address.....

City.....Code.....

Telephone no.....Facsimile.....

Email address.....

Partnership/s – Association/s – Associates – Institution/s

Name/s and full particulars.....

Street address.....

City.....Code.....

Telephone no.....Facsimile.....

Email address.....