

# APPLICATION FORM

## PERSONAL DETAILS

Surname																	
Full Name(S)																	
Date of Birth																	
Identity Number																	
Age																	
Telephone Number	Home							Work									
Cellphone Number	Option A							Option B									
E-mail																	
Fax Number																	
Physical Address																	
Postal Address																	
Affiliation	Are You a Member Of Fedansa										Yes		No				
For How Long?	12M			1yr			2yrs			3yrs			4yrs			Other	
	Have you danced before										Yes			No			
Highest level	Levels			Novice			Pre-champ			Champ			Professional				
COMPETENCY	What is your Competency							Latin				Standard					
Occupation																	

F  
E  
D  
A  
N  
S  
A

**DECLARATION**

I \_\_\_\_\_ hereby solemnly declare that the information provided is true to my knowledge, and further sanction any penalty against me should it be found that the information is partially or fully incorrect.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**N.B** Please attach your Curriculum Vitae Indicating your Full Dance History.

**For Office Use**

Check By		Designation	
Verification By		Designation	
Comment:			
	Signature:		