



Non-Automotive Manufacturing Cluster Eastern Cape

Cluster Coordinator: Kyle Business Projects
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MEMBERSHIP INFORMATION

BUSINESS DETAILS:

Name of Business / Company			
Street Address			
Street 1			
Street 2			
Street 3			
Suburb			
City		Postal Code	
Postal Address			
PO Box			
Post Office			
City		Postal Code	
Other contact details			
Telephone		Fax	
Website			

COMPANY DESCRIPTION:

Summarized description of your business
Primary Manufacturing Sector:
Secondary Manufacturing Sector: (if needed)
Products Manufactured:

CONTACT PERSON:

Please indicate the one Primary Contact for your company – this is the person who will take the lead in the company participation in the NAM Cluster.

Primary Contact					
Title:	Ms	Mrs	Mr	Dr	Other:
First Name:			Last Name:		
Job Title:					
Telephone:			Cell:		
Email Address:					