

**VENDING BAY APPLICATION FORM**

1. SURNAME \_\_\_\_\_

2. FIRSTNAME(S) \_\_\_\_\_

3. NATIONAL ID NUMBER \_\_\_\_\_

4. DATE OF BIRTH 

D	D	M	M	Y	Y	Y	Y
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5. RESIDENTIAL ADDRESS \_\_\_\_\_

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6. CELLPHONE NUMBER \_\_\_\_\_

7. EMAIL ADDRESS \_\_\_\_\_

8. NEXT OF KIN (FULL NAME) \_\_\_\_\_

9. NEXT OF KIN CELLPHONE NUMBER \_\_\_\_\_

10. TYPE OF BUSINESS APPLIED FOR \_\_\_\_\_

11. PREFERRED VENDING SITE \_\_\_\_\_

12. LIVING WITH ANY DISABILITY? \_\_\_\_\_

13. ANY SOCIAL DISADVANTAGE? \_\_\_\_\_

14. EMPLOYMENT STATUS? \_\_\_\_\_

15. HAVE YOU BEEN ALLOCATED A BAY BEFORE? \_\_\_\_\_ (STATE WHERE)

16. STATE REASON OF DISPLACEMENT IF SO \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO [spedzi@citybyo.co.zw](mailto:spedzi@citybyo.co.zw) or WhatsApp +263 77 212 0637**