



Dynamic Integrated Geohydro
Environmental Services cc

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COMMENTS AND REGISTRATION FORM (INTERESTED & AFFECTED PARTY)

Project for which you wish to register: _____

Please complete this form and return it to our offices

TITLE (Prof/Mr/Mrs)		FIRST NAME	
SURNAME			
CAPACITY (e.g. Secretary/Director)			
ORGANISATION			
POSTAL ADDRESS		POSTAL CODE	
TEL. NO.: ()		CELL NO.:	
FAX NO: ()		E-MAIL ADDRES:	

COMMENTS/ISSUES/CONCERNS (Please use separate sheet, if required)

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Please add the following particulars of my colleagues/friends/neighbours on your mailing list.

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		