TRAINING PROVIDER DETAILS UPDATE FORM



INSTRUCTIONS:

SKILLS ADMINISTRATION P O BOX 7612

By mail:

1685

THE SASSETA

HALFWAY HOUSE

 This form MUST be completed in full. Please PRINT in BLACK INK. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
 Submissions:

Submissions: By Fax:

By Fax: Hand deliveries: (011) 805 6630 THE SASSETA SKILLS ADMINISTRATION LEVEL 3 EAST, GALLAGHER HOUSE GALLAGHER ESTATE MIDRAND 1685

IMPORTAN	I	
If the training provider is located in one physical location only:	-	Complete sections 1, 2, and 3
If the training provider is located in more than one physical location, i.e.	•	Complete section 1 once
has branches:	-	Complete sections 2 and 3 for every physical location

	:	SECTI	ON 1 –	SINGL	E ES	TABI	LISH	MENT	/ HI	EAD	OFF	FICE DETAILS	
REFERENCE NUMBERS													
PAYE, SDL or UIF Number:												Provide any one of these references	
SASSETA ETQA Reference Number:												Provide 12 digit Accreditation Number, or APR or PAA Number.	
1.1 Summary Details		_			_								
Registered Name:												For CIPRO registered organisations, these details will be verified with CIPRO. Sole proprietors should provide personal details.	
Trading Name:												Complete even if same as above	
Type of Organisation:	-											Close Corporation, Section 21 Company, Trust, Sole Proprietor, etc.	
SETA:												SETA to which organisation is registered.	
SETA Chamber:												Where applicable.	
Company Registration Number:												Provide CIPRO number or National ID in case of sole proprietor.	
SARS Income Tax Number:												Either company or personal income tax number, not the VAT number.	
SARS VAT Number:												Where applicable.	
Business Commencement Date:												Either date of incorporation (CIPRO) or date on which business started trading (sole proprietor)	
Physical Address:													
Physical Address Postal Code:												Details will be verified with CIPRO and/or SARS.	
Postal Address:													
Postal Address Postal Code:													

NOTE: Branch is defined as a permanent training site with a fixed address. There is another responsible, dedicated person other than the responsible person of the main branch (head office / as applied for in the original accreditation). This branch is to be fully operational and has applied for their own accreditation with the SAPS and SASSETA.

The particulars of the branch need to be given to SASSETA by the accredited training provider (Main branch /Head office) and be site visited by SASSETA accordingly. The branch needs to comply with all the necessary processes and procedures as stipulated in the accreditation manual.

1.2 Official Contact Pers	on	
Initials:		This should be the single official contact person for the SASSETA
Surname:		ETQA.
Telephone Number:	(0)	
Fax Number:	(0)	At least the office phone and fax numbers must be given.
Cell Number:	(0)	
e-mail:	@	Ensure that the e-mail address is legible and clear

1.3 Chief Financial Office	er/ Accounting Officer	
Initials:		
Surname:		
Position/Capacity:		
Telephone Number:	(0)	
Fax Number:	(0)	Must be reflected on an official letterhead, which must be
Cell Number:	(0)	attached to this form.
Postal Address:		
Postal Address Postal Code:		

Page _____ of ____

												Provide Accreditation Number, or APR or PAA Number.			
PL	EASE CO	OMPL	ETE T	HIS P/	GE	FOR	AS	ING	LE ES	TAE	BLIS	HMENT / EVERY BRANCH*			
	SE											as details in Section 1) ASSETA Web Site			
2.1 Reference Numbers	:							1		1	-				
SASSETA ETQA Reference Number:												Provide Accreditation Number , or APR or PAA Number if different from the Head Office number.			
2.2 Branch Details															
Trading Name:	-											Provide the name under which business is conducted. If more the one branch trade under the same name, a distinguishing characteristic of the branch (i.e. suburb, town, city or province) in be specified after the trading name.			
SDL, UIF, or PAYE Number:												Provide if this number differs from that of the Head Office.			
s the Head Office at these premises?			I									Yes or No			
Primary ETQA:		ASSET	A Ot	her:								Please specify the ETQA with which this establishment/branch is			
· · · · · · · · · · · · · · · · · · ·	E	TQA										accredited. If <u>Other</u> please attach documentary proof. If the /establishment/branch is accredited by an ETQA other that			
SAQA Code:	с	С	Y	Y		M	Μ		D	D		SASSETA ETQA, please specify the code allocated by that ETC			
Accreditation Date:	c	С	T Y	T V		M	M		D	D	-+	Please specify the date of accreditation by the accrediting ETQA			
Accreditation Expiry Date:	-										_	Please specify the expiry date of accreditation.			
Accreditation Type:			nly 🗆 🛛	Jelivery	& Ass	sessme	ent	⊡ As	ssessme	ent O	nly	Please indicate which functions the branch is accredited for.			
elephone Number:	(0)									_				
Fax Number:	(0)									\square				
Cell Number:	(0)									_				
ə-mail:				0	Q										
Contact Person:															
											_	These details must be different from the Head Office unless the			
Physical Address:												establishment/branch is physically at the same place as the Hea Office.			
Physical Address Postal Code:															
Postal Address:															
Postal Address Postal Code:															
Province:	□ Gau	-				n Cape		•	umalan	-					
-iovince.	East		•	Lir No	• •				rthern C aZulu-N	•		Indicate the province where the branch is located.			
		5 Olaic				1031			azulu-IV	atai					
	Free														
SECTION 3 – AS		AND M	ODERAT	ORS (pr	ovide	detail	ls of a	ll as	sessors	and r	noder	rators used by THIS ESTABLISHMENT/BRANCH)			
SECTION 3 – AS National ID Nun	SSESSORS	AND M	ODERAT						sessors Number		noder	rators used by THIS ESTABLISHMENT/BRANCH) *A/M Name and Surname			
	SSESSORS	AND M	ODERAT								noder				
	SSESSORS										noder				
	SSESSORS										noder				
	SSESSORS										moder				
	SSESSORS														
	SSESSORS										noder				
	SSESSORS														
	SSESSORS														
	SSESSORS														
National ID Nun	A – Assesso	or or M povider.	- Modera	SA		essor/s	gistra	Ition I	Number						
National ID Nun	A – Assesso	or or M povider.	- Modera If the deta raining pro	SA		Sessor/s	gistra	Nodee ot be	Number	ust bo	e spec	*A/M Name and Surname A/M Name and Surname Comparison of the second se			
National ID Nun Image: State Stat	A – Assessore and a second and a second	or or M vvider. nd the tr	- Modera If the deta raining pro	SA Internet in the second seco		TA Rei	gistra	ICAN	Number	ust be	e com	*A/M Name and Surname A/M Name and Surname Comparison of the second se			
National ID Nun	A – Assessor	or or M dthe tr	- Modera If the detaraining pro	SA Internet internet		TA Report of the second	gistra	Modee ICAN	Number	ust bo	e com	*A/M Name and Surname A/M Name and Surname Completed Name and Surname Name and Surname Name and Surname Name and Surname Name and Surna			