

TRAINING PROVIDER DETAILS UPDATE FORM



INSTRUCTIONS: 1. This form **MUST** be completed in full. Please **PRINT** in **BLACK INK**. **INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.**

3. Submissions:

By mail:
**THE SASSETA
 SKILLS ADMINISTRATION
 P O BOX 7612
 HALFWAY HOUSE
 1685**

By Fax:
(011) 805 6630

Hand deliveries:
**THE SASSETA
 SKILLS ADMINISTRATION
 LEVEL 3 EAST, GALLAGHER HOUSE
 GALLAGHER ESTATE
 MIDRAND
 1685**

IMPORTANT	
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. has branches:	▪ Complete section 1 once ▪ Complete sections 2 and 3 for <i>every physical location</i>

SECTION 1 –SINGLE ESTABLISHMENT / HEAD OFFICE 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:		Details will be verified with CIPRO and/or SARS.
Physical Address Postal Code :		
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 Person		
Initials:		This should be the single official contact person for the SASSETA ETQA.
Surname:		
Telephone Number:	(0)	At least the office phone and fax numbers must be given.
Fax Number:	(0)	
Cell Number:	(0)	
e-mail:	@	Ensure that the e-mail address is legible and clear

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

