ABET Levels 1 to 4 Provider Registration Form

Provider Details as per company/organisation legal registration documents

Provider Details			
		Provider Details	
Name of Provider		Provider No with the IEB	
Provider Type: Please tick	Main Provider / Head Office	Branch	If Branch; please indicate the head office:
Vat Registration Number		E-mail Address	
Tel No and Cel Number		Fax Number	
Accreditation with Umalusi		Accreditation Number	

Contact Details

Details	Manager's Details	Person responsible for Accounts Payment	Person responsible for results, statistical reports and certificates
Contact Person			
Company/Organisation			
Telephone No (Bus)			
Telephone No (Home)			
Cellular Number			
Fax Number			
E-mail address			
Address to which:	Correspondence must be sent	All accounts-related correspondence must be sent	Results; certificates and statistical reports must be sent
Postal Address:			
Postal Code			
Physical Address:			
Postal Code			

Please complete the section below only if you are an examination venue in addition to provider status:

Examination Venue Details (Venue at which learners will write the examination)	
Contact Person at the Examination Venue:	
Telephone Numbers of the Examination Venue:	
Physical Address of the Examination Venue:	
Postal Code:	

Please provide the list of all the centres that you service in the following format as per the example below:

Name of Centre	Seta (where applicable)	Centre No	Send Invoices to	Provider's contact person
Rutang ABET Centre	Services SETA	1235	Services SETA	Mrs Dimakatso Mokoena
Siyalema Centre	Agriseta	2253	Agriseta	Mr John Smith

Please list all your centres below:

Name of Centre	Seta (where applicable)	Centre Number	Send Invoices to	Provider's contact person

Declaration:

I declare that I understand fully the contents of this registraion form and I will comply with all the rules and regulations as laid down by the IEB. This includes abiding by the provisions of the IEB for the conduct of the examination aimed at preserving the integrity of the examination. I understand that should any member of the training provider management and/or its employees be found to have behaved irregularly in any way that undermines the credibility of the examination or the IEB, the centre will be de-registered and hence will no longer conduct IEB examinations.

Name (in full)	Signature
Designation	Date

Please detach Annexure A