



This form must be completed for each examination event.

Please complete the Examination Event form for each Exam Event that you register for. All sections MUST be completed.

Name of Centre : [grid]

Centre Number : [grid] Exam Event, e.g, May : [grid]

1. Centre Manager's Details

First Name [grid]

Surname [grid]

Cell phone [grid]

Email [grid]

Physical Address [grid]

[grid]

[grid]

[grid]

Postal Address [grid]

[grid]

[grid]

[grid]

2. Person responsible for accounts

First Name [grid]

Surname [grid]

Cell phone [grid]

Email [grid]

Physical Address [grid]

[grid]

[grid]

[grid]

3. Web-User Details (Person responsible for registrations online)
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First Name																				
Surname																				
Email																				
Telephone (W)																				
Cell phone																				

4. Summary of registrations for THIS examination

Item No	Learning Area	Level	No of learners
Eg.	Communications in English	AET Level 4 / NQF1	18

5. The Chief Invigilator (Person responsible for opening papers who receives the code)

First Name																				
Surname																				
Email																				
Telephone (W)																				
Cell phone																				

Physical Address of the examination venue (the place where learners actually write the examination)	
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Details of Appointed Invigilators	Name as on Identity Document	Dated Trained	Certificate #

Signature: _____

Date: _____

6. Person responsible for receiving scripts

First Name																				
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Surname																				
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Cell phone																				
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Email																				
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Physical Address																				
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Postal Address																				
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For payment purposes please provide us with a: (please tick)

Proforma

**Tax
invoice**

Other