



ABET Levels 1 – 3

2016 National Examinations and Examinations-on-Request

Learner Registration Form

Please Tick the appropriate examination	
February AET Exam	
March AET Exam	
April AET Exam	
May AET Exam	
June Key Examination	
July AET Exam	
August AET Exam	
September AET Exam	
October AET Exam	
November Key Examination	
December AET Exam	

Centre Number:

Name of Centre :

Personal details of a learner (as per ID)

Surname :

First Names :

Gender : F M (Tick appropriate block)

Race : Asian Black Coloured Indian White (Tick appropriate block)

Date Of Birth : YYYYMMDD

Identity Number :

Identity Type : (i.e RSA, Botswana) _____

Immigrant : YES NO (Tick appropriate block)

NB: Please attach a copy of your ID

PERMANENT CONTACT ADDRESS:

POSTAL CODE:

Learning areas entered for:	Learning Area Code

Learner's Signature: _____ Date: _____

I certify that the above information is correct, and that the copy of my Identity Document is attached.

Facilitator's Signature: _____ Date: _____