**AET Examination Event Form**

**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.

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| **Name of Centre :** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Centre Number :** |  |  |  |  | **Exam Event, e.g, May :** |  |  |  |  |  |  |  |  |

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| 1. **Centre Manager's Details**
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| **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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| 1. **Person responsible for accounts**
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| **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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| 1. **Web-User Details (Person responsible for registrations online)**
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| **First Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Telephone (W)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Cell phone** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 1. **Summary of registrations for THIS examination**
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| **Item No** | **Learning Area**  | **Level** | **No of learners** |
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| 1. **The Chief Invigilator (Person responsible for opening papers who receives the code)**
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| **First Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Telephone (W)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Cell phone** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **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 #** |
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| 1. **Person responsible for receiving scripts**
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| **First Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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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** |