



Established in terms of Act 58 of 1995

APPLICATION FORM (Please complete both pages in print)

1) PERSONAL DETAILS OF QUALIFICATION HOLDER

Date of birth: **DDMMYYYY** (include copy of ID / passport)

Title: Mr Ms Mrs Prof Dr Other:.....

Family name / surname:

Maiden name (if applicable):

Full names:

Address

..... Code:

Address

..... Code:.....

..... Fax:

.....

E-mail: @

3) OTHER CONTACT DETAILS (optional)

- Complete this section *only* if you want a copy / copies of the results to be forwarded.
- Additional payment is required for this service (see page 2). Without this copies of results will *not* be forwarded).
- Evaluation results will not be e-mailed.

Institution ①.....

Contact person:

Address

..... Code: Fax:

Institution ②.....

Contact person:

Address

..... Code: Fax:

2) PERSONAL DETAILS OF CONTACT PERSON applying on behalf of the qualification holder (if applicable)

Title: Mr Ms Mrs Prof Dr Other:.....

Initials and surname:

Company / institution:

Address

..... Code:

..... Fax:

.....

E-mail: @

3) PURPOSE OF THE APPLICATION

Evaluation required for (tick one or more):

Employment

Permanent residence

Professional registration

Further study (excluding undergraduate study at a South African university. Contact Matriculation Board at telephone 012 481 2927)

Use in a foreign country (background information on South African qualifications to be assessed in foreign countries)

Other (please specify)

4) DOCUMENTS INCLUDED in compliance with requirements as set out (refer to Application Guide, p.4). Tick as applicable.

		Certified copies	Original documents	Original language	Sworn translation
Secondary education	Official school leaving certificate(s)	✓	✓	✓	✓
	Statement(s) of results issued by official examining body	✓	✓	✓	✓
	Official statements in lieu of certificates	✓	✓	✓	✓
	Other:	✓	✓	✓	✓
Higher education	Certificate(s)	✓	✓	✓	✓
	Diploma(s)	✓	✓	✓	✓
	Degree(s)	✓	✓	✓	✓
	Postgraduate qualification(s)	✓	✓	✓	✓
	Statement(s) indicating the award of a qualification/s	✓	✓	✓	✓
	Transcript(s) of Academic Record (Subject List/s)	✓	✓	✓	✓
Other:	✓	✓	✓	✓	

(Continued from page 1)

5) PRODUCTS AND SERVICES REQUIRED (Please refer to enclosed Tariff Guide and complete as applicable)						
Product ↓	Urgency →	Normal	Priority	High priority		
Certificate of Evaluation (First application)	R.....	✓	R.....	✓	R.....	✓
Certificate of Evaluation (Re-evaluation)	R.....	✓	R.....	✓	R.....	✓
Certified Copy of Certificate (Requested with application)	R.....	✓				
Certified Copy of Certificate (Requested separately)	R.....	✓				
Certified Statement	R.....	✓	R.....	✓	R.....	✓
Duplicate Certificate	R.....	✓				
☒ Sub-total A (please add)	R.....	OR				
Postage fee: evaluation results (please refer to Tariff Guide p.1)			R			
Postage fee: copies to be forwarded to other parties (Tariff Guide p.1)			R			
Bank charges if payment is made in foreign currency (Tariff Guide p.1)			R			
Sub-total A (☒ above)			R			
6) TOTAL PAYMENT INCLUDED (please add)			R			

7) REQUIRED METHOD OF DISPATCH OF EVALUATION RESULTS (please tick the preferred option)

- To be posted** to the postal address provided under personal details above.
- To be collected** from the SAQA offices. Applicants will be called on the telephone number(s) provided under personal details above and collection arranged **only once results are ready - kindly wait to be contacted.**

8) SIGNATURE OF APPLICANT as indication that the procedures, requirements and conditions outlined in this document are understood and accepted:

Date.....Name in print.....Signature.....

Please attach the necessary documents and payment (or proof of payment) to this form. Mark your application for the **attention of CEEQ** and

- **mail to SAQA** at Postnet Suite 248, Private Bag X06, WATERKLOOF, 0145 (address Postnet to Postnet deliveries to Postnet Brooklyn), or
- **deliver to SAQA** at 6th Floor Reception, Hatfield Forum West, 1067 Acadia Street, HATFIELD.

Applications must not be submitted by fax or e-mail.

Receipt of the application will be acknowledged electronically only. Ensure that an e-mail address for the applicant, if available, has been provided and is legible.

FOR OFFICE USE ONLY		
	Ref. No. 200.....-0.....	Payment:.....
Received:.....	Internal check:.....	Completion:.....