



APPLICATION FOR A LICENSE TO USE THE EDU.DEX DATA VALIDATION SOFTWARE APPLICATION

Please complete the form below in full and submit the completed form to:

INSTRUCTIONS:

By mail: HEQCIS Manager c/o NLRD SAQA Postnet Suite 248 Private Bag X06 Waterkloof 0145

Hand deliveries: HEQCIS Manager c/o NLRD SAQA House 1067 Arcadia Street Hatfield 0083

TRAINING PROVIDER DETAIL
Registered Name of Training Provider:
Training Provider Code (as per SAQA):
AUTHORISED REPRESENTATIVE / RESPONSIBLE PERSON DETAILS
First Name/s:
Surname:
National ID Number:
Cell Number:
Telephone Number:
Fax Number:
e-mail:
REQUIRED COPIES OF EDU.DEX
Which of the following best describes your intended use of the software?
If you chose "2" above, please specify the Accreditation Number and Registered Name for each branch to be registered.

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AGREEMENT

I, _____ (full names), declare to the best of my knowledge, that all the information provided is complete and correct. I agree to abide by the Limited License and Acceptable Use Policy and understand the implications of violation thereof.

Signed at _____ on this, the ____ day of _____ 20_____.

Authorised/Representative of Training Provider