


Page 1 of 2	Verification Template for the Registration of Developmental Activity Providers for the CPD Programme <i>(Only for use by an ECSA Accredited Tertiary Institutions and Recognised Voluntary Associations)</i>	
Form No.: CPD-ECPD7		
Effective Date: 28 May 2018		
Rev No: 02		

1. Provider Details	
Name of Provider:	
Known As:	
Phone:	
Fax:	
Website:	
Email address:	
VAT Number:	
Physical Address:	Country
	Province
	City
	Address 1
	Address 2
Zip/Postal Code:	Address 3

2. Person who is responsible on behalf of the above	
Full Name and Surname:	
Title (Prof/Dr/Mr /Ms):	
Position held:	
Phone number:	
Email address:	
ID Number or ECSA Reg number:	

CONTROLLED DISCLOSURE

It is the responsibility of the user to ensure that the latest version is used. The latest version will be published on our website.

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MATERIAL REQUIRED FOR EVALUATION	
1) The company profile	
2) Certified copy of a valid company registration certificate or equivalent	
3) Valid SARS tax clearance certificate	

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