

SACE REGISTRATION

FOR OFFICE USE



CSI REF NUMBER	PSCAB
CASH / CARD/ EFT : AMOUNT	
RECEIVED BY	

NAME AND SURNAME:	
ID NUMBER/PASSPORT & D.O.B:	
COUNTRY OF BIRTH	
EMAIL ADDRESS:	
CELLPHONE NUMBER:	
PHYSICAL ADDRESS: NO PO BOX	

FIRST REGISTRATION: STUDENT	<input type="radio"/> What do you need assistance in?
FIRST OR FINAL REGISTRATION-GRADUATE	<input checked="" type="radio"/> 1. SACE REGISTRATION <u>ONLY</u> ? <input type="text"/>
RENEWAL/UPDATE/REPRINT	<input type="radio"/> 2. SACE REGISTRATION <u>AND</u> POLICE CLEARANCE? <input type="text"/>

FIRST REGISTRATION—STILL STUDENT	FINAL REGISTRATION—GRADUATE	RENEWAL/UPDATE—ALREADY PROVISIONALLY REGISTERED
<input type="radio"/> APPLICATION FORM—SACE	<input checked="" type="radio"/> APPLICATION FORM—SACE	<input type="radio"/> APPLICATION FORM—SACE
<input type="radio"/> POLICE CLEARANCE CERTIFICATE	<input checked="" type="radio"/> POLICE CLEARANCE CERTIFICATE	<input type="radio"/> POLICE CLEARANCE CERTIFICATE
<input type="radio"/> CERTIFIED COPY OF ID	<input checked="" type="radio"/> CERTIFIED COPY OF ID	<input type="radio"/> CERTIFIED COPY OF ID
<input type="radio"/> NQF LEVEL 4 QUALIFICATION	<input checked="" type="radio"/> GRADUATION CERTIFICATE OR DIPLOMA WITH ACADEMIC RECORD	<input type="radio"/> PROVISIONAL SACE REGISTRATION LETTER
<input type="radio"/> PROOF OF REGISTRATION 2020	<input checked="" type="radio"/> PROOF OF PAYMENT TO SACE	<input type="radio"/> ALL REQUIREMENTS AS PER PROVISIONAL SACE REGISTRATION LETTER
<input type="radio"/> PROOF OF PAYMENT TO SACE	<input checked="" type="radio"/> NQF LEVEL 4 QUALIFICATION	<input type="radio"/> PROOF OF PAYMENT: SACE
<input type="radio"/> IF PGCE REGISTERED: INITIAL QUALIFICATION + COMPLETE ACADEMIC RECORD SHOWING DATE OF COMPLETION	<input checked="" type="radio"/> IF PGCE REGISTERED: INITIAL QUALIFICATION + COMPLETE ACADEMIC RECORD SHOWING DATE OF COMPLETION	<input type="radio"/> REQUEST FOR REPRINT?

PLEASE TURN THE PAGE TO SIGN ON THE BACK

EMAILED	COLLECTED	COURIERED	
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I hereby authorize CSI AFRICA and PSCAB SOUTH AFRICA to capture my personal information and biometric details and to make my name, surname, bio- metric details and identity number available to the SAPS. I furthermore authorize the SAPS to furnish personal information regarding, if any, my criminal background, -history, previous convictions and/or any other relevant information such as is usually furnished by the LCRC of the SAPS in this regard to CSI AFRICA and PSCAB SOUTH AFRICA. I furthermore unconditionally indemnify CSI AFRICA and PSCAB SOUTH AFRICA, its duly authorized agents and the SAPS, all its members, employees as well as the Government of the RSA against any liability which results or may result from furnishing information in this regard. By providing your personal and biometric information you consent to this information being stored for subsequent verification. Should you wish this information to be no longer stored you may advise the Responsible Party and your information will immediately be permanently deleted. Your information will be processed and stored by the Responsible Party in compliance with the Protection of Personal Information Act, 2013. Your information will be protected as set out in the Privacy and Security Policy of the Responsible Party.

I authorize CSI AFRICA, PSCAB SOUTH AFRICA and any of its duly authorized employees acting in my substitution to request, process, correspond and collect any documentation requested or received from SACE for registration purposes. I fully mandate CSI AFRICA and PSCAB SOUTH AFRICA to:

1. Request and accept any and all documents that may be necessary for the purposes of registering as an educator and
2. Sign all documentation on my behalf as may be necessary for the purposes of registering as an Educator.

By my signature I hereby irrevocably confirm that CSI AFRICA AND PSCAB SOUTH AFRICA has been authorized to act on my behalf and I hereby ratify and agree to ratify everything , which CSI AFRICA AND PSCAB SOUTH AFRICA under his power of attorney shall do purport to do by virtue of this power of attorney. I hereby furthermore confirm that all representation made by CSI AFRICA and PSCAB SOUTH AFRICA were made by my express instruction and CSI AFRICA and PSCAB South Africa shall be held harmless against any liability that arises therefrom.

- ◆ Have you ever been convicted of an offence? _____
- ◆ If YES, state the place, date and sentence: _____
- ◆ Signed at PRETORIA ON THIIIS _____ / _____ / _____

Signature: _____