Centre for the Evaluation of Educational Qualifications



EVALUATION OF FOREIGN QUALIFICATIONS

6th Floor, Hatfield Forum West, 1067 Arcadia Street, HATFIELD Postnet Suite 248, Private Bag X06, WATERKLOOF 0145

APPLICATION FORM (Please complete both pages in print)

1) PERSONAL DETAILS OF QUALIFICATION HOLDER		3) OTHER CONTACT DETAILS (optional)				
Date of birth: DDMMYYYY (include copy of ID / passport) Title: Mr□ Ms□ Mrs□ Prof□ Dr□ Other:		 Complete this section <i>only</i> 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 <i>not</i> be forwarded). Evaluation results will not be e-mailed. 				
Maiden name (if	applicable):	Institution ①				
Full names:		Contact person:				
Address &		Address —				
^n	Code:	Code: Fax:				
Address .		Institution ②				
••••	Code:	Contact person:				
	Fax:	Address 🖅				
*	<u> </u>					
E-mail: @		Code: Fax:				
2) PERSONAL DETAILS OF CONTACT PERSON applying		3) PURPOSE OF THE APPLICATION				
on behalf of the	e qualification holder (if applicable)	Evaluation required for (tick one or more):				
Title: Mr□ Ms□ Mrs□ Prof□ Dr□ Other:		Evaluation required for (flor one of filote).				
		☐ Employment				
initials and surn	ame:					
Company / instit	ution:	 ☐ Permanent residence ☐ Professional registration ☐ Further study (excluding undergraduate study at a South 				
Address 🖼						
71001000						
		African university. Contact Matriculation Board at telephone 012 481 2927)				
Code: Fax:		Use in a foreign country (background information on South				
* *		African qualifications to be assessed in foreign countries)				
E-mail: @		Other (please specify)				
		0	0.000	0 :	0	
	S INCLUDED in compliance with requirements er to Application Guide, p.4). Tick as applicable.	Certified copies	Original documents	Original language	Sworn translation	
uo oot out (. o.	Official school leaving certificate(s)	√	√ /	√ √	√ ·	
Secondary education	Statement(s) of results issued by official	√	√	√	√	
	examining body Official statements in lieu of certificates	√	√	√	√	
	Other:	√	<i>√</i>	√ /	√	
Higher education	Certificate(s)	√	√	√	√	
	Diploma(s)	√	√	√	√	
	Degree(s)	√	√	√	√	
	Postgraduate qualification(s)	√	√	<u>√</u>	√	
	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)								
Urgency → Product ↓	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	R	OR	R			
Postage fee: evaluation results (please refer to Tariff Guide p.1)								
Postage fee: copies to	be forwarded to	other parties (Ta	ariff Guide p.1)	R				
Bank charges if paymen	t is made in fore	ign currency (Ta	ariff Guide p.1)	R				
		R						
	6) TOTAL PAY	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:								
DateSignature								

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. 2000	Payment:
Received:	Internal check:	Completion: