**ACCREDITATION EXTENSION TO 30 JUNE 2024**

**Skills Development Provider to complete all fields**

|  |  |  |
| --- | --- | --- |
| ***Name of Company*** |  | |
| ***Address*** |  | |
| ***Name of contact Person, telephone number and email address*** |  | |
| ***Company registration number*** |  | |
| ***Accreditation number*** |  | |
| ***Primary SETA*** |  | |
| ***Current Accreditation Start Date*** |  | |
| ***Current Accreditation End Date*** |  | |
| ***Full Name of the Assessor and Moderator; and their registration numbers*** |  | |
| ***Confirm if training implemented in the last 2 years (tick one)*** | ***YES*** | ***NO*** |
| ***If yes, how many learners successfully completed and indicate scope*** |  | |
| ***Signature of Company Representative*** |  | |

**The attached list of documents must accompany this form:**

* A valid SARS Clearance certificate/Pin
* Company registration document
* Accreditation letter (both PSETA and Primary SETA (where applicable))
* Current signed SLAs and registration letters of the ETD Practitioners