**ACCREDITATION EXTENSION TO 30 JUNE 2027**

**Skills Development Provider to complete**

|  |  |
| --- | --- |
| ***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 was implemented in the last 2 years (tick one)*** | ***YES*** | ***NO*** |
| ***If yes, how many learners were successfully completed, and indicate the scope (Programme ID)*** |  |
| ***Signature of Company Representative*** |  |

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

* Completed and signed PSETA Accreditation Extension Form
* Signed PSETA Code of Conduct
* A valid SARS Clearance Certificate/Tax Compliance Pin document
* Company registration document
* Accreditation letter (both PSETA and Primary SETA, where applicable)
* Current signed Service Level Agreements (SLAs)/ Memoranda of Understanding (MoUs) with ETD Practitioners
* PSETA valid registration letters of the ETD Practitioners