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| Page **1** of **2** | **Verification Template for the Registration of Developmental Activity Providers for the CPD Programme**  *(Only for use by an ECSA Licensing Body)* |  |
| **Form No.:**  **CPD-ECPD7** |
| **Effective Date**: **22 January 2020** |
| **Rev No: 03** |

*Completion of the sections marked with an asterisk (\*) is compulsory.*

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

|  |  |
| --- | --- |
| **2. Person who is responsible on behalf of the above** | |
| **Name and Surname:\*** |  |
| **Title (Prof/Dr/Mr /Ms):\*** |  |
| **Position held:** |  |
| **Phone number:\*** |  |
| **Email address:\*** |  |
| **SA ID number:\*** |  |

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| Page **2** of **2** | **Verification Template for the Registration of Developmental Activity Providers for the CPD Programme**  *(Only for use by an ECSA Licensing Body)* |  |
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| **DOCUMENTATION SUBMITTED FOR VERIFICATION** | |
| 1) The company profile | Yes/No |
| 2) Certified copy of a valid company registration certificate or equivalent | Yes/No |
| 3) Valid SARS tax clearance certificate | Yes/No |
| 4) BEE status | Yes/No |
| 5) FICA compliant | Yes/No |

I, ………...………………………………...………….……………………………………………….. on behalf of the

………………………………………………………………………………………...(name of the body) hereby declare that the provider as stipulated on page 1 of this document has met all the requirements for verification as a CPD service provider as set out by the Rules on CPD (Board notice 86 of 2017) and the Standard (ECPD-01-Std).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date