

## MARKING / MODERATION OF EXAMINATION SCRIPTS

*\* Incomplete forms will not be processed  
\* Use a separate form for each subject*

### CLAIMANT INFORMATION

Last Name:		First Names:	
Staff Number:	permanent <input type="checkbox"/>	part-time <input type="checkbox"/>	non-staff <input type="checkbox"/>
ID Number:		Income Tax No.:	
Address:		City:	Code:
Tel No.:	Mobile No.:	e-mail:	

### BANKING DETAILS

Bank:	Branch:	Type: Select one	Acc No.:
Signature of Claimant:			Date:

### SUBJECT DETAILS

Subject:	Code:	Exam: Select one
Services Rendered: Select one	Campus: Select one	Number of scripts moderated:

### FOR OFFICE USE ONLY

I _____ hereby confirm that the claim form is correct and completed in full.			
Signature of Administrator:		Date:	
Campus: Select one	Ext:	Amount:	
Signature of Entity Manager:		<p>Pretoria Campus [21-G02]</p>	
Signature of Supervisor (Salaries):			