

SETTING / MODERATION OF THEORETICAL QUESTION PAPER

** 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	

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:			
Signature of Supervisor (Salaries):			
Pretoria Campus [21-G02]			