

MARKING / MODERATION OF EXAMINATION

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

CLAIMANT INFORMATION

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

BANKING DETAILS

Bank	<input type="text"/>	Branch	<input type="text"/>	Type	<input type="text"/>	Acc no.	<input type="text"/>
Signature of Claimant	<input type="text"/>					Date	<input type="text"/>

SUBJECT DETAILS

Subject	<input type="text"/>	Code	<input type="text"/>	Exam	<input type="text"/>
Services rendered	<input type="text"/>	Campus	<input type="text"/>	Number of scripts moderated	<input type="text"/>

FOR OFFICE USE

I _____, hereby confirm that the claim form is correct and completed in full.

Signature of
Administrator

Date

Campus

Ext

Amount

Signature of Entity
Manager

Signature of
Supervisor (Salaries)

Pretoria Campus [21-LG02]