Tshwane University of Technology

We empower people

SETTING / MODERATION OF THEORETICAL QUESTION PAPER

Incomplete forms will not be processed.
Use a seperate form for each question paper

CLAIMANT INFORMATION

Last Name [   ]   First Names [   ]

Staff Number [   ]   ☐ permanent   ☐ part-time   ☐ non-staff

ID Number [   ]   Income Tax no. [   ]

Address [   ]   City [   ]   Code [   ]

Tel no. [   ]   Mobile no. [   ]   e-mail [   ]

BANKING DETAILS

Bank [   ]   Branch [   ]   Type [   ]   Acc no. [   ]

Signature of Claimant [   ]   Date [   ]

SUBJECT DETAILS

Subject [   ]   Code [   ]   Exam [   ]

Services rendered [   ]   Campus [   ]

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]