



SETTING OR MODERATION OF A THEORETICAL EXAMINATION QUESTION PAPER

Should any information be lacking, the claim will not be processed. Use a separate form for each question paper.

CLAIMANT INFORMATION

SURNAME _____ **STAFF NUMBER:** _____
(Please confirm with HR)

FULL NAMES _____ **EMAIL** _____

ID NUMBER: _____

A FULL-TIME STAFF MEMBER **A PART-TIME STAFF MEMBER** **NOT A STAFF MEMBER** **INCOME TAX NO:** _____

POSTAL ADDRESS: _____ **POSTAL CODE:** _____

RESIDENTIAL ADDRESS _____ **POSTAL CODE:** _____

TELEPHONE: **WORK** _____ **HOME** _____ **CELL** _____

BANK DETAIL

BANK: _____ **BRANCH:** _____

TYPE OF ACCOUNT: **SAVINGS** **CHEQUE** **TRANSMISSION** (NO CREDIT CARD ACCOUNTS)

ACCOUNT NUMBER: _____

SIGNATURE OF CLAIMANT: _____ **DATE:** _____

SUBJECT DETAIL

SUBJECT CODE: _____

SUBJECT NAME: _____

EXAM **FEBRUARY EXIT SPECIAL** **MAY MAIN** **MAY RE-EXAM** **AUGUST EXIT SPECIAL** **NOVEMBER MAIN** **NOVEMBER RE-EXAM** **BLOCK**

SERVICES RENDERED **EXAMINER** **INTERNAL MODERATOR** **EXTERNAL MODERATOR**

CAMPUS: **Arcadia** **Arts** **eMalahleni** **Ga-Rankuwa** **Nelspruit** **Pretoria** **Polokwane** **Soshanguve**

FOR ADMINISTRATION OFFICE USE ONLY!

I _____ (name & surname of administrator), hereby confirm that the claim form is completed in full and correct.

CAMPUS: _____ **EXT:** _____ **SIGNATURE:** _____ **DATE** _____

R **AMOUNT** _____ , _____

Entity Manager
(Responsible for Payment)

Supervisor, Salaries

Date

Pretoria Campus [21-L902]