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CLAIMANT	INFORMAT	TION	STAF	F NUMBER:					
SURNAME FULL				e confirm with HR)		70 67 70 70	9 9 9]
NAMES			EM.						
ID NUMBER:								I	
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POSTAL AD		<u></u>				_POSTAL CODE			200
RESIDENTI/ ADDRESS	۹L					POSTAL CODE			
TELEPHONI	E: 3	WORK		HOME	5	9	CELL		- .c
BANK DET	AIL								
BANK: BRANCH:									
TYPE OF ACCOUNT:	SAVINGS	CHEQU	JE TRAI	NSMISSION	1	(NO CREDIT CARD ACCOUNTS)			
ACCOUNT NUMBER:									
SIGNATURE CLAIMANT:	DATE:								
SUBJECT	DETAIL								
CAMPUS:	Arcadia	Arcadia Arts eMal		Ga- Rankuwa	Nelspruit	Pretoria	Polokwane	Soshangı	uve
SUBJECT CODE:						1			
SUBJECT				<u> </u>	<u> </u>	J			
NAME:						_31			
SERVICES RENDERED	EXAN	MINER	INTERNAL N	ERNAL MODERATOR EXTERNAL MODERATOR]		
DATE:	NUMBER OF PROJECTS EX MODERATED				INED /	NED / NUMBER OF HOURS			
DATE:	NUMBER OF STUDENTS EX MODERATED				INED /	NU	JMBER OF HOURS		
I	(name & surname of examiner/moderator), hereby confirm that the number of hours claimed for is correct and that the claim form is completed in full and correct.								
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CAMPUS:									
Verification	n signature : H	Indiana - No.					DATE		_
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Γ.			, ,		4				
				Me.					3455.
	Entity Manager (Responsible for Payment)				Pretoria Campus	. [21-L G0 2]	Date		
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