



**APPLICATION FOR A LICENSE
TO USE THE EDU.DEX DATA VALIDATION SOFTWARE APPLICATION**

Please complete the form below in full and submit the completed form to:

INSTRUCTIONS:

By mail: HEQCIS Manager c/o NLRD
SAQA
Postnet Suite 248
Private Bag X06
Waterkloof
0145

Hand deliveries: HEQCIS Manager c/o NLRD
SAQA House
1067 Arcadia Street
Hatfield
0083

BEST: Scan and e-mail to HEQCIS Manager, heqcis@che.ac.za

TRAINING PROVIDER DETAIL																							
Registered Name of Training Provider:			The Name of the training provider as it appears on the CHE records.																				
Training Provider Code (as per SAQA):	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																						If the training provider is accredited by another ETQA, please state this code.
AUTHORISED REPRESENTATIVE / RESPONSIBLE PERSON DETAILS																							
First Name/s:			Please confirm the appointment of this person on an official letterhead.																				
Surname:																							
National ID Number:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																						
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e-mail:																							
REQUIRED COPIES OF EDU.DEX																							
Which of the following best describes your intended use of the software?	1	Single establishment with accreditation to provide training at a single venue	You will require a single copy of Edu.Dex using your training provider accreditation number																				
	2	Single establishment (head office) offering training at various branches. Learner records are dealt with by the <u>head office</u>	You will require a single copy of Edu.Dex using all the SAQA provider codes of the branches																				
If you chose "2" above, please specify the Accreditation Number and Registered Name for each branch to be registered.	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																						Use the CHE accreditation number. If the training provider is accredited by another ETQA, use the 20-digit Training Provider Code (as per SAQA).
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AGREEMENT

I, _____ (full names), declare to the best of my knowledge, that all the information provided is complete and correct. I agree to abide by the Limited License and Acceptable Use Policy and understand the implications of violation thereof.

Signed at _____ on this, the ____ day of _____ 20_____.

Authorised|Representative of Training Provider