

Page 1 of 2	Verification Template for the Registration of Developmental Activity Providers for the CPD Programme <i>(Only for use by an ECSA Licensing Body)</i>	
Form No.: CPD-ECPD7		
Effective Date: 22 January 2020		
Rev No: 03		

Completion of the sections marked with an asterisk () is compulsory.*

1. Provider Details	
Name of Provider:*	
Known As:	
Phone:	
Fax:	
Website:*	
Email address:*	
VAT Number:	
Physical Address:	Country
	Province
	City
	Address 1
	Address 2
	Address 3
Zip/Postal Code:	

2. Person who is responsible on behalf of the above	
Name and Surname:*	
Title (Prof/Dr/Mr /Ms):*	
Position held:	
Phone number:*	
Email address:*	
SA ID number:*	

CONTROLLED DISCLOSURE

It is the responsibility of the user to ensure that the latest version is used. The latest version will be published on our website.

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DOCUMENTATION SUBMITTED FOR VERIFICATION	
1) The company profile	Yes/No
2) Certified copy of a valid company registration certificate or equivalent	Yes/No
3) Valid SARS tax clearance certificate	Yes/No
4) BEE status	Yes/No
5) FICA compliant	Yes/No

I, on behalf of the
.....(name of the body) hereby
declare that the provider as stipulated on page 1 of this document has met all the requirements for verification
as a CPD service provider as set out by the Rules on CPD (Board notice 86 of 2017) and the Standard
(ECPD-01-Std).

Signature

Date

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