

**REGISTRASIEVORM VIR LEWENSORIËTERINGOPLEIDING VIR GRAAD 8- EN -9 ONDERWYSERS BY KOLI
03-04 JULIE 2017**

ONDERWYSDISTRIK: _____ KRING: _____

SKOOLNAAM: _____

PRINSIPAAL SE KONTAKNOMMER: _____

SKOOL SE E-POSADRES: _____

TAAL VAN LEER EN ONDERRIG (TLO): _____

KOLOM

1. Van volgens ID-boekie
2. Volle name volgens ID-boekie
3. Persalnommer (permanente WKOD-onderwysers)/ID-nommer (onderwysers wat deur die beheerliggaam aangestel is en alle WKOD-onderwysers wat op kontrak is) EN SARO-nommer
4. Posisie: P=Prinsipaal; AP=Adjunk-prinsipaal HvD=Hoof van Departement;
O=Onderwyser; en LOO=Leerondersteuningsonderwyser
5. Taal van leer en onderrig (TLO)
6. Grade wat tans deur onderwyser onderrig word
7. Dui spesiale dieetbehoefte aan: H=Halaal; V=Vegetariër; D=Diabeet; N=Normaal
8. Geslag: M=Manlik; V=Vroulik
9. Verblyf by KOLI word benodig (slegs onderwysers van landelike distrikte): J=Ja; N=Nee

Lewensoriëntering onderwysers vir GRAAD 8 en 9

1	2	3	4	5	6	7	8	9

Indien nodig, kan rye bygevoeg word.

DISTRICT:



YOUR SCHOOL:
YOUR CELL NO:

PROVINCIAL ADMINISTRATION: WESTERN CAPE

BAS ENTITY MAINTENANCE

Bank Details

DETAILS OF ACCOUNT HOLDER:

Name:
Address:
.....
.....
.....
Postal Code:
Contact Person: Tel. No.
E-mail Address:

Educator/Official: Persal No. [] [] [] [] [] [] [] (If applicable to account holder)

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorized will be processed by computer through a system know as the "ACB ELECTRONIC BANK TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/We understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account. This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

.....
Initials and Surname Authorized Signature Date

Name of Bank []
Name of Branch []
Branch Code [] [] [] [] [] []
Account Number []
Type of Account Current Account
 Savings Account
 Transmission Account

DATE STAMP OF BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT AS WELL AS
BANK OFFICIAL SIGNATURE

ADDRESS TO SEND THE BANK
PAYMENT STUB (Same as above)

[Empty box for bank official signature]

[Empty box for address to send the bank payment stub]