Bylae A

REGISTRASIEVORM VIR NATUURWETENSKAPPE EN -TEGNOLOGIE-OPLEIDING VIR GRAAD 6-ONDERWYSERS
17-19 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 onderyser onderring word
7. Dui spesiale dieetbehoeftes aan: H=Halaal; V=Vegetariër; D=Diabeet; N=Normaal
8. Geslag: M=Manlik; V=Vroulik
9. Spesifiseer verbly (landelike distrikte): N.V.T= nie van toepassing nie; K= Koshuis; Ko= Kommersieel; P= Privaat

Indien nodig, kan rye bygevoeg word.

Natuurwetenskappe- en Tegnologie-onderwysers vir GRAAD 6								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

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)