



## ETDPSETA Moderator Re-registration Form

### PURPOSE

This form is for the use of moderators who were previously registered with ETDPSETA and their registration period has expired and they are re-applying for registration with ETDPSETA.

\*Assessor Number:

### APPLICANTS DETAILS

Title:

Full name as per ID:

Surname:

Initials:

RSA ID Number:

Alternative ID Number:

Nationality:

### CONTACT DETAILS

Fax No:

Cell Phone No:

Email Address:

Preferred Communication Method:

### BUSINESS ADDRESS

P.O Box:

City:

Postal Code:

Province:

**N.B If the above scope is different from your original scope of registration, you must complete the extension of scope application.**

**\*DECLARATION OF AUTHENTICITY BY APPLICANT**

*This section needs to be completed by the moderator*

I hereby declare that the information supplied is true and correct.

\_\_\_\_\_  
Signature  
(Moderator Candidate)

\_\_\_\_\_  
Date

**\*DECLARATION OF AUTHENTICITY BY PROVIDER REPRESENTATIVE:**

This section should be completed by the provider representative. (if linked to a provider)

I hereby declare that the information supplied by the applicant is true and correct.

\_\_\_\_\_  
Name & Surname  
(Provider Representative)

\_\_\_\_\_  
Date

\*mandatory fields

(For office use only)

Moderator Type	
Moderator Registration Number	
Re-registration Start Date	
Re-registration End Date	