

E-mail Address

SECTION B: CONTACTS AT TRANSFEROR

Head of Transferor's (e.g. CEO) Contact Details

Title First Name
Surname

Email

Cell Phone Number

Alternative Number

Contact Person 2

Title First Name
Surname

Email

Head of Transferor's (e.g. CEO)

Contact Number

Alternative Number

SECTION C: TRANSFEREE INFORMATION

Name of Institution:

ACCREDITATION STATUS

(Please tick the appropriate box below.)

Full Accreditation

Conditional Accreditation

TYPE OF ENTITY

(Please tick the appropriate box below)

Not for Profit Company (NPC)

Municipal Entity