



APPLICATION FOR A LICENSE  
TO USE THE EDUKtiV DATA VALIDATION SOFTWARE APPLICATION

Please complete the form below in full and submit the completed form to:

By E-Mail: HETIS Officer

[HETIS.Officer@dhet.gov.za](mailto:HETIS.Officer@dhet.gov.za)

SETA DETAIL												
SETA Name											The name of the SETA	
SETA ETQE ID											ETQA_ID as issued by the NLRD	
AUTHORISED REPRESENTATIVE / RESPONSIBLE PERSON DETAILS												
First Names											Please confirm the appointment of this person on an official letterhead.	
Surname												
National ID												
Cell Number												
Telephone Number	(					)			-			
Fax Number	(					)			-			
E-Mail Address												
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AGREEMENT												
<p>I, _____ (full names), declare to the best of my knowledge, that all the information provided is complete and correct. I agree to abide by the Limited License and Acceptable Use Policy and understand the implications of violation thereof.</p> <p>Signature: _____</p> <p>Signed at _____ on this, the _____ day of _____, 20_____.</p>												