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Registration Form

Red/Game Meat Examiners Course

Title Mr Mrs Ms/Miss Other (please specify)

Surname Initials

First Names Known as

Date of Birth ID No.

Postal address
(Please supply a PO Box if possible)

Code Is this your Company address?

E-mail address

Contact telephone numbers
(Please include dialing code)
 Work Fax

Home Cell

Learners must comply with the entry level requirements

When did you pass Grade 12? Where:

Course you want to study : Meat examination Beef Sheep Pork Other

Where do you prefer to study :

An invoice with your student number and payment instructions will be issued on receipt of the completed application form.

I declare that all the particulars given herein are true and correct.

Surname Initials

Signature Date

Language preference: Afrikaans / English

Please attach a CERTIFIED copy of your ID

