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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



Shareholder: Red Meat Abattoir Association

Directors: Mr L Redelinghuys (Chairperson); Dr GC Neethling
Registration Number: 2009/011935/07

PRIVATE FET COLLEGE: 2011/FE07/010

AgriSETA Accredited: AGRI/c prov/027710

