NOTIFICATION OF NTC EXAM REGISTRATION FORM

ASSIGNMENTS or TEST is compulsory

To ensure that your TERM MARK is forwarded to the Department of Higher Education and Training complete and send this form to INTEC College as soon as you have registered for the NTC EXAM.

INTEC College, EXAM Department
Po Box 19, Cape Town, 8000

The Department of Higher Education and Training will not release your results unless your term mark has been submitted. In order to obtain a valid term mark, you must have successfully completed the required number of test or assignments for the subject.

Student Number___________________________________________________________________________________
ID Passport Number_______________________________________________________________________________
You must supply your ID number or the exam number that was given to you by the Local EXAM Centre or by the Department of Higher Education and Training when you registered for the EXAM. Without this your term mark may not be successfully submitted.

Title____________________________________________________________________________________________
Surname_______________________________________________________________________________________
FirstName_____________________________________________________________________________________
Postal Address___________________________________________________________________________________
City/ Town____________________________________________________________________________________
Postal Code_____________________________________________________________________________________ 
Country________________________________________________________________________________________
Telephone_____________________________________________________________________________________ 
Work___________________________________________________________________________________________ 
Home___________________________________________________________________________________________
Mobile________________________________________________________________________________________ 
Fax____________________________________________________________________________________________ 
Electronic Mail Address________________________________________________________________________

EXAM Venue __________________________Town /City________________________________________________

EXAM Subjects
1_______________________________________ 2______________________________________________
3_______________________________________ 4______________________________________________
5_______________________________________ 6______________________________________________

Declaration by Student
I have completed at least three test or assignments for submission for each subject registered

Signature of Student ___________________________ Date ____________________

OFFICE USE ONLY: Date Received _______________________________ Date Sent ____________________