



**THIS APPLICATION FORM SHOULD BE SENT TO:**

[wil@inseta.org.za](mailto:wil@inseta.org.za)

It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application.

Your application will be rejected should false or misleading information be found.

INSETA reserves the right to verify the documented responses.

I \_\_\_\_\_ (Full Names), in my capacity as

\_\_\_\_\_ declare that the information provided is correct and according to my knowledge, I have authority to bind the TVET College accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

Authorized Signatory: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For more information or queries in this regard may be emailed to [wil@inseta.org.za](mailto:wil@inseta.org.za)

or contact **Ms. Busisiwe Budulwayo** on **011 381 8900**.