Form No.: CPD-ECPD9	CPD Service Provider Registration Form	ECSA ENGINEERING COUNCIL OF SOUTH AFRICA
Effective Date: 14 November 2024		
Rev No: 1		

Completion of the sections marked with an asterisk (*) is compulsory.

Only to be completed by an ECSA CPD Licensed Body for verified CPD Service Provider and submitted to ECSA	
Name the Licensed Body that verified the provider: *	
1. Organisation Details:	
Name of the Provider: *	
Known As:	
Provider Verification Number: *	No spaces are allowed between the letters and numbers of the verification number.
Verification Period: *	Valid from: Valid to:
Contact number: *	
Webpage: *	
Email Address: *	
VAT Number: *	
Physical Address: *	Country
	Province
	City
	Address 1
	Address 2
	Address 3
Postal Code: *	

2. Person who applied for verification on behalf of the provider:	
Name and Surname: *	
Title (Prof/Dr/Mr/Ms): *	
Designation: *	
Contact Number: *	
Email Address: *	

3. Person who is acting as the administrator on behalf of the provider:	
Name and Surname: *	
Title (Prof/Dr/Mr/Ms): *	
Designation: *	
Contact Number: *	
Email Address: *	

I, _____ on behalf of the

_____ (name of the ECSA CPD Licensed Body) hereby declare that the provider as stipulated on the first page of this document has met/not met all the requirements for verification as an ECSA CPD Service Provider in terms of the Rules: Continuing Professional Development and Renewal of Registration as seen in the Government Gazette and Section 10 of the Standard for Continuing Professional Development (ECPD-01-STA).

I further confirm that the applicant was awarded the status of: *

☐ Verified (meets requirements)

**ECSA will only accept, and upload verified CPD Service Providers that meet all requirements as per Section 10 Standard for Continuing Professional Development (ECPD-01-STA REVISION No. 4: 25 June 2024)*

_____ _____

Signature Date