



miltons matsemela training academy

Address

Direct tel

Email

Website

### Direct Contact Details

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mmta@miltons.law.za

www.miltons.law.za

## APPLICATION FORM - CANDIDATE PROPERTY PRACTITIONER

01 – QCTO/SDP260224200923 SAQA ID 118714

OCCUPATIONAL CERTIFICATE **REAL ESTATE AGENT NQF Level 4** – 150 CREDITS

PLEASE NOTE: A MINIMUM REQUIREMENT OF 6 MONTHS PRACTICAL EXPERIENCE IS APPLICABLE BEFORE YOUR APPLICATION CAN BE CONSIDERED

### DETAILS OF THE PRINCIPAL PROPERTY PRACTITIONER APPLYING TO REGISTER THE CANDIDATE PROPERTY PRACTITIONER AT THE MILTONS MATSEMELA TRAINING ACADEMY

Principal Property Practitioner full names	
Surname	
Identity Number	
Nationality	
Work telephone	
Cellular	
Email	

Are you practicing full-time at the above estate agency business address?

yes

no

If no, please complete the section below

Mentor's Full Name and Surname	
Mentor's PPRA FFC Number	
Mentor's cell number	
Mentor's email address	

<b>Estate Agency name</b> (i.e. Miltons) <b>NB</b>			
<b>Branch</b> (i.e. Durbanville) <b>NB</b>			
Business address			
<b>Suburb</b>		<b>Postal code</b>	
<b>Date the candidate agent joined your agency?</b>			

The **MM/MMO PRO** (Public Relations Officer) calling on your Estate Agency

The **MM/MMO Conveyancer** you liaise with

**DETAILS OF THE CANDIDATE PROPERTY PRACTITIONER APPLYING TO REGISTER WITH THE MILTONS MATSEMELA TRAINING ACADEMY**

Full names				
Surname				
Identity Number / Passport number				
Nationality				
Is the Candidate enrolled with the PPRA	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
How long have you been a Real Estate Agent/Property Practitioner				
Please list any qualifications, i.e. diplomas, degrees etc..				
Home Address				
Suburb				
Province				
Code				
Next of kin, Name and Surname, to call during an emergency				
Contact number				

**MMTA – FOR EISA RECORDS (Please complete)**

Nickname/Name			
Disability, and if yes, please give a short explanation.			
Work telephone number			
Cellular			
Email			
Home Language			
Race		Gender	

**THE CANDIDATE PROPERTY PRACTITIONER WISH TO ENROL FOR THE FOLLOWING COURSE WITH THE MMTA (Please tick the appropriate course below)**

118714 - Occupational Certificate: Real Estate Agent NQF Level 4 – 150 credits (PDE Preparation included)	<input type="checkbox"/>
PDE preparation class only	<input type="checkbox"/>

Please note that in the event of the student attending via Zoom and not being able to collect the workbook and study materials from the closest MM/MMO office, all incurred costs to courier such materials will be for the student's expense. Upon submission of this application by the Principal Property Practitioner, the MMTA will reserve the right to approve or decline such an enrolment application.

The enrolment fee is payable once the application has been successfully approved by the MMTA. Please forward proof of payment to [mmta@miltons.law.za](mailto:mmta@miltons.law.za) whereafter confirmation of acceptance into the relevant course will be communicated to all parties concerned.

PLEASE NOTE: PAYMENT MUST BE MADE ONCE THE APPLICATION HAS BEEN APPROVED AND BEFORE THE COURSE COMMENCES FAILING WHICH THE APPLICANT WILL BE REMOVED FROM THE COURSE AND THE APPLICATION CANCELLED.

**MILTONS MATSEMELA TRAINING ACADEMY BANKING INFORMATION**

Account Name	MM ASSET TRUST
Bank	ABSA BANK
Branch Name	TABLE VIEW
Branch Code	632005
Account Number	4065236020
Reference number	<b>MMTA/CANDIDATE SURNAME &amp; INITIAL</b> (MMTA must be included in ref)
Amount to be paid	R

**POPI CONFIRMATION**

By signing this document, I consent to my personal information being processed by the Miltons Matsemela Training Academy, the course facilitator any institution and/or person affiliated with the NQF Level 4 course in accordance with the Protection of Personal Information Act.

I/We undertake to inform Miltons Matsemela Training Academy in writing of any changes to any information provided in this application form.

I/We consent and authorize Miltons Matsemela Training Academy, represented by the designated facilitator to: Communicate, enquire, and acquire necessary information from the Principal Property Practitioner or the Candidate's Mentor and/or the Candidate Property Practitioner for the purpose of evaluating my/our progress.

\*I/We declare that the information we have given in this application form is true and correct to the best of my/our knowledge and that I/we have not failed to provide any information which, if the Principal Property Practitioner of the Estate Agency had known such information, would not have allowed the application to be successful.

SIGNED AT (place) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
FULL NAME of **Principal Property Practitioner**

\_\_\_\_\_  
SIGNATURE

SIGNED AT (place) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
FULL NAME of **Candidate Property Practitioner**

\_\_\_\_\_  
SIGNATURE