

THE DIRECTOR
PRIVATE SECURITY INDUSTRY
REGULATORY AUTHORITY
PRIVATE BAG X817
PRETORIA
0001



**Private Security Industry Regulatory
Authority (PSiRA)**

Tel. No. : (012) 003 0500 / 1
Fax No. : 086-558 3030

**RECOGNITION OF PRIOR LEARNING –
REMITTANCE INFORMATION
(PSIRA 42 B)**

	PSIRA Registration Number
	Name and Surname
	ID number
R	c
	Application fee
	Total amount paid over

I hereby warrant and certify that the information herein is true and correct in all respects.

Name of Director / Member / Trustee / Owner / Partner / Manager of Security Training Provider	Signature	Date
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Remittance may be paid directly into the Authority's bank account using the deposit slip set out below. Should you elect to remit your payment by direct deposit, please fax a copy of your deposit slip to : **086 558 3030**. Please note that Nedbank will retain this original deposit slip. Two copies hereof should accompany this deposit slip upon banking. One copy will be returned to you, stamped by the cashier, for you to retain as proof of payment.



DEPOSIT SLIP

Date

D	D	M	M	Y	Y
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A division of Nedkor Bank Limited Reg No 1951/0000009/06

<p>Branch ARCADIA <small>(where account is kept)</small></p> <p>Credit PRIVATE SECURITY INDUSTRY REGULATORY AUTHORITY <small>(State name in BLOCK LETTERS)</small></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;"></td> <td style="width: 12.5%; text-align: center;">Rand</td> <td style="width: 12.5%; text-align: center;">c</td> </tr> <tr> <td>TOTAL OF CASH, POSTAL AND MONEY ORDERS</td> <td></td> <td></td> </tr> <tr> <td>CHEQUES – STATE NAME OF DRAWER</td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> </table> <p style="text-align: right; margin-top: 10px;">TOTAL R </p>		Rand	c	TOTAL OF CASH, POSTAL AND MONEY ORDERS			CHEQUES – STATE NAME OF DRAWER			1			2			3			4		
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TOTAL OF CASH, POSTAL AND MONEY ORDERS																						
CHEQUES – STATE NAME OF DRAWER																						
1																						
2																						
3																						
4																						
<p>Depositor's name in BLOCK LETTERS</p> <p>Depositor's signature</p>																						
REFERENCE FIELD																						

ACCOUNT NUMBER

1	6	3	3	3	6	6	2	0	0	-	-	-	-	-	-
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SIRA REFERENCE NUMBER

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Deposited by _____

"■129956 '163345': 1633 366200"■ 27

NOTE: Instruments delivered to the bank for collection by or on behalf of the accountholder shall be available as cash only when paid. Any payment against uncleared effects which may be allowed by the bank shall be at the bank's discretion and shall not give rise to any claim against the bank. The bank, at its discretion, shall be entitled to debit the account holder's account with the amount of any unpaid or dishonoured instruments. The bank shall accept no responsibility for ascertaining whether depositors or accountholders have lawful title to instruments delivered for collection. The bank shall also not be responsible for errors resulting from incorrect information furnished by or on behalf of the accountholder and the bank shall have no duty to check or verify any such information