



NAMIBIA TRAINING AUTHORITY

ANNEXURE 1A

Application for registration or re-registration/extension of registration as a Training Provider (Regulations 3(1), 11(1) and 12

PART 1 Type of registration

Type of Application

Registration ☐

Extension of Registration ☐

	Parts to be completed	Tick
Registration/ Re-registration	All Parts Excluding Part 3	
Extension of Registration	All Parts	

What type of Provider are you?

Workplace provider		Private Provider	
Community-Based provider		Government/ Semi Autonomous Provider	

PART 2 Training Provider details (Regulation 3)

Registered name	
Trading as	

If applicable:

Company/ Close Corporation	
Registered Number	
Registered with	
Date of registration	
Registration Expiry Date	

PHYSICAL ADDRESS	Street 1	
	Street 2	
	City/Town	
	Region	

POSTAL ADDRESS	P O Box	
	City/Town	

Telephone Number

Fax Number

Cellphone number

E-mail address

Primary Focus of Business

Contact

Person (1)

Title

First Name(s)

Last Name

Designation

Cellphone

Email

Contact

Person (2)

Title

First Name(s)

Last Name

Designation

Cellphone

Email

Branches/ Delivery

locations (where applicable)

Branch 1

Branch 2

Branch physical address

Branch postal address

City/Town

Branch contact details

Tel:

E-mail:

Fax:

Contact

Person (1)

Title

First Name(s)

Last Name

Designation

Cellphone

Email

Contact

Person (2)

Title

First Name(s)

Last Name

Designation

Cellphone

Email

PART 3

Application for Extension of Registration (Regulation 11(3)(a))

Supporting evidence that Training Provider lodged an Application for Accreditation but that Application has not been granted

Please attach the relevant documentation as evidence (Regulation 10)

Please complete the following:

Registration Status

Registration Number

Registration Type

Registration Period

Expiry Date

PART 4:

Declaration for initial Application (Regulation 3(2)(b))

I, _____ hereby declare that the information provided in this application form is valid and authentic.

Signed at _____ on the _____ of _____
Place Day Month Year

Signature of duly authorised representative _____

NTA OFFICE DETAILS

Return completed application form to:

Namibia Training Authority,

P O Box 70407

Windhoek

Rand Street Khomasdal

Web: <http://www.nta.com.na>