

# REGULATIONS FOR THE REGISTRATION OF PRIVATE HIGHER EDUCATION INSTITUTIONS, 2016

## ANNUAL REPORT FORM

(FORM APX-03)



higher education  
& training

Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA



**A. REGISTERED NAME AND NUMBER**

1. Name in which the institution is registered as a private higher education institution

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2. Registration number issued by the Department of Higher Education and Training

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**B. CHANGES IN ADMINISTRATIVE DATA**

3. New contact person

Name	
Title	
Designation	
Telephone number	
Fax number	
Cell number	
E-mail address	

4. New postal address

New address:	
Code	

**5. New physical address of the head office**

New address:	
Code	

**6. New contact details of the institution's head office**

	<b>New contact details</b>
Phone	
Fax	
E-mail address	

**7. New physical address of the main campus**

New address:	
Code	

**8. New address used as the institution's domicilium citandi et executandi**

New address :	
Code	

## 9. New website address

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## 10. Contact details of the new head or Chief Executive Officer (CEO)

Surname	
Name	
Title	
Designation	
Identity number	
Phone number	
Fax number	
Cell number	
E-mail address	

11. Table 01: New owners of the institution in accordance with the *Articles of Association* (Attach proof as Annexure A)

Surname and initials	Title	Identity number

12. Table 02: Directors who have resigned

Surname and initials	Title	Designation	Date resigned	Identity number

13. **Table 03: Newly appointed directors**

Surname and initials	Title	Designation	Date appointed	Identity number

14. **Details of new holding company or parent institution**

	New holding company
Name	
CIPC Registration Number	
Address	
Phone number	
Fax number	
Cell number	
E-mail address	
Website address	
Details of relationship	

15. **Details of institution's auditors**

	New auditors
a) Name of firm	
b) Practice/Registration number	

**C. LOSS OF A PHYSICAL FACILITY OR SUPPORTING SERVICE OR ANY REDUCTION IN FINANCIAL OR PERSONNEL RESOURCES**

16. Indicate the type of loss experienced and state the date on which the loss occurred

Type of loss	Date of loss	No loss experienced
Loss of a physical facility necessary for the proper conduct of a programme		
Loss of a supporting service and or academic staff to a programme		
Reduction in the financial and/or personnel resources needed to sustain a programme		

17. Nature of the physical facility lost and impact of the loss on the academic activities of the institution

18. Nature of supporting service and or academic staff lost and impact of the loss on the academic activities of the institution

19. Nature of reduction in financial and/or personnel resources and impact of the reduction on the academic activities of the institution

**D AMENDMENTS INITIATED BY THE INSTITUTION AND APPROVED BY THE REGISTRAR**

20. Type of amendment for which the institution applied.

Type of amendment	Date of amendment	Not applicable
Legal name of the institution		
Change of type of company		
Registered programmes		
Sites of delivery		
Mode of delivery		
Other		

21. Describe the impact that the amendment to the legal name, and/or change in ownership, if applicable, has had on the academic activities of the institution in the year for which the annual report is submitted.

22. Describe the impact that the change in type of company, and /or change in ownership, if applicable has had on the academic activities of the institution in the year for which the annual report is submitted.

23. Describe the impact that the amendment to registered programmes has had on the academic activities of the institution in the year for which the annual report is submitted.

24. Describe the impact that the amendment to sites of delivery has had on the institution in the year for which the annual report is submitted.

25. Describe the impact of the amendment to the mode of delivery on the academic activities of the institution in the year for which the annual report is submitted.

**E. DATA ON GENERAL AND FURTHER EDUCATION QUALIFICATION SUB-FRAMEWORK (GENFETQSF)**

26. Do you offer programmes on the GENFETQSF?

Yes	
No	

27. If yes, provide your accreditation and/or registration number with relevant authorities.

Name of Programme(s)	Accreditation Number issued by UMALUSI	Registration Number by Provincial Department

**F. DATA ON OCCUPATIONAL QUALIFICATION SUB-FRAMEWORK (OQSF)**

28. Do you offer programmes in the OQSF?

Yes	
No	

29. If yes, provide your accreditation and/or registration number with relevant authorities.

Name of Programme(s)	Name of Relevant Authority (Accrediting Quality Council)	Accreditation Number issued by UMALUSI or QCTO	Registration Number issued by DHET	Examination Centre Number as issued by DHET