



Van Deventer & Van Deventer

Incorporated

Attorneys • Notaries • Conveyancers

**Directors**

Arno Van Deventer (LL.B)  
Cor Van Deventer (LL.B)

**Associates**

Gerda Pretorius

**General**

Postal Address: Postnet Suite 47  
Private Bag 51  
Rivonia, 2128

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**Johannesburg Office**

Telephone: +27 (87) 357 8811  
Fax: +27 (86) 411 7980  
Physical Address: 7 Mellis Avenue,  
Brandenham Hall, Ground Floor,  
North Block, Rivonia  
Sandton, 2128

**Cape Town Office**

Telephone: +27 (21) 982 2629  
Fax: +27 (86) 411 7980  
Physical Address: 2 Aruana Street,  
Brackenfell, Cape Town, 7561

NB!!! Please complete this form in block letters with a black pen.

**SECTION A : PERSONAL DETAILS**

Surname:		Initials:		Title:	
Full Names:					
Date of birth:				Age:	
				Gender: Male	Female
ID Number:				Nationality:	
If not SA Citizen state status:					
Equity: (Black/Indian/White/Other):					

**SECTION B : CONTACT DETAILS**

Physical Address:				
		Code:		
Postal Address:				
		Code:		
Tel (work):		Tel(home):		
Fax No:		Cellular:		
E-mail:		Home language:		

**SECTION C : EMPLOYMENT and EDUCATIONAL DETAILS**

Are you currently employed?	Yes:	No:	Years in current position:	
Current occupation (job title):				
Employer:				
Employer telephone no:				
Employer/Supervisor/Manager Name:				
Employer/Supervisor/Manager e-mail:				
		Code		
Tertiary Education:	Matric : Yes	No	Matric Maths : Yes	No
Post Graduate Qualification (if applicable):				
Tertiary Education:				
EAAB Fidelity Fund Certificate:	Below 5 years		Above 5 years	

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Learn more at: [www.vandeventers.law](http://www.vandeventers.law)



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**SECTION D : QUALIFICATION REGISTRATION**

(Please tick the relevant box)

Name of Programme:	
Have you worked in the Real Estate Industry and for how long?	
Are you currently employed as Intern Estate Agent?	
Please provide your EAAB Registration details. (If available) :	
Please provide your company registration details:	

I, (full name) \_\_\_\_\_ ID No: \_\_\_\_\_  
state that the above information is true to the best of my knowledge. In signing this application form, I accept the terms and conditions and understand the roles and responsibilities of myself and Van Deventer & Van Deventer Incorporated in this RPL process. The terms and conditions can be found at the bottom of this page.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

RPL booked/confirmed	Invoiced	Invoice No:
Paid by applicant	Proof	
Date		

**TERMS AND CONDITIONS:**

1. All learners hereby consent to doing the RPL course through Itakane Training Institute.
2. Our classes range between 15-20 learners per class. Once you have registered, we will add your name to a waiting list which will make up a class. When the needed numbers to make the class have been reached, we will contact you with further information regarding the start date, venue and attendance schedule thereafter.
3. Van Deventer & Van Deventer Incorporated reserves the right to cancel scheduled sessions if there is insufficient demand, and will endeavour to give the candidate reasonable notice of cancelation and make alternative arrangements.
4. Extensions on submissions can be granted provided the learner has given prompt notice, when the learner is unable to complete through illness or reasons beyond his/her control which must be proven.
5. Van Deventer & Van Deventer Incorporated is not responsible for any delays that may occur in the issuing of final certificates by th
6. Certificates or Statement of Results will only be issued once the learner's account has been settled in full with RPL Assessment Centre (Pty) Ltd.
7. It is the learner's responsibility to update any contact details that may change from the time after completing the application form.

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