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SD-038 - APPLICATION FOR TRANSFER OF A CONTRACT OF APPRENTICESHIP

A PROSPECTIVE EMPLOYER

REGISTERED NAME _____

TRADING AS _____

BRANCHES (where applicable)

ACCREDITATION NUMBER (if applicable)

PHYSICAL ADDRESS **STREET1** _____
STREET2 _____

CITY/TOWN _____

PROVINCE _____

POSTAL CODE _____

PO BOX _____

POSTAL ADDRESS **CITY/TOWN** _____

PROVINCE _____

POSTAL CODE _____

TITLE _____

CONTACT PERSON **FIRST NAME(S)** _____

LAST NAME _____

POSITION _____

TELEPHONE NUMBER

FAX NUMBER

CELL NUMBER

E-MAIL ADDRESS _____

I am prepared to train, on transfer, the contract of the apprentice mentioned below in accordance with the prescribed practical and theoretical requirements of the trade concerned.

Date

Prospective Employer

B. DETAILS OF APPRENTICE

SURNAME _____
FIRST NAME(S) _____
PHYSICAL ADDRESS STREET1 _____
STREET2 _____
CITY/TOWN _____
PROVINCE _____
POSTAL CODE _____
PO BOX _____
POSTAL ADDRESS CITY/TOWN _____
PROVINCE _____
POSTAL CODE _____
TRADE AGAINST WHICH YOU ARE EMPLOYED _____
CONTRACT REGISTRATION NUMBER _____

I have voluntary applied for this transfer for the following reasons:

_____ Date _____ Apprentice

C DETAILS OF CURRENT EMPLOYER

REGISTERED NAME _____
TRADING AS _____
BRANCHES (where applicable)
ACCREDITATION NUMBER (if applicable)
PHYSICAL ADDRESS STREET1 _____
STREET2 _____
CITY/TOWN _____
PROVINCE _____
POSTAL CODE _____
PO BOX _____
POSTAL ADDRESS CITY/TOWN _____
PROVINCE _____
POSTAL CODE _____
TITLE _____
FIRST NAME(S) _____

CONTACT PERSON

LAST NAME
POSITION

TELEPHONE NUMBER

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FAX NUMBER

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CELL NUMBER

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E-MAIL ADDRESS

I have no objection to the proposed transfer.

Date

Present Employer