

Accreditation no: ACC/2014/00/160







INTERNSHIP AGREEMENT

NB: PLEASE CHECK FOLLOWING PRIOR TO SUBMISSION

- Attach Certified true copy of learner ID.
- Attach Unemployed learner contract of employment.
- Attach Copy of the highest Qualification

Part A: INTERNSHIP DETAILS AND PARTIES TO AGREEMENT

SECTION 1 INTERNSHIP DETAILS

1.1 Title of Internship:	Marketing Professional
1.2 Commencement date of the Internship agreement:	02-05-2018
1.3 Termination date of the internship agreement:	01-05-2019

SECTION 2 LEARNER DETAILS

2.1 Surname:		Mbd	ombo				
2.2 Full Names:		Xolani					
2.3 Identity Number certified copy of II		920	7025347081				
2.3.1 Below 35 Years	s? (X)		Х		NO		
2.4 Gender (X)			Х	FEI	FEMALE		
2.5 Equity (X)		х	INDIAN	COLOURED	WHITE		

2.6 Do you have a disability	, as stipulated b	y th	e Emp	loymer	nt Act !	55 of 1	998	? (X)	YES	х
If yes, please specify:									•	
2.7 Home Address:			2.8 Postal Address: (If different from Home Address)							
596 Tshabangu str., Msol	omvu									
596 Tshabangu str. Msob	omvu									
2.9 Telephone / Cell:	Little To Williams and American		073	55972	255					
2.10 Email:	nei falle e		mbo	ombo	(08@g	mail.	com			
2.11 Are you South Africa	n Citizen? (X)			Y	'ES				X	
If No, please specify and status. (E.g. permanent re	attach docur Sidence, Asyl	nent um s	s indi seeke	cating r, etc)	your				PLICAB TACH	LE
2.12 Highest level of I	nighest Qual	ifica	ition	attaiı	ned (X)		J.		
NQF Level			Other							
8			Doc	toral c	degree	es, Phi	D			
7		X	Mas	ters d	egree	S				
6			4 ye	ar de	grees					
5			National diplomas + Higher certificate							
4 Further Education and T Certificate(FETC)	raining		Grade 12, Matric Exemption							
3			Grade 11					+		
2			Grade 10					· · · · · · · · · · · · · · · · · · ·	_	
1 General Education and T Certificate(GETC)	raining		Grade 9, ABET Level 4							
2.13 Title of your highest o	ualification?	Bac	helor	s Degi	ree : N	/larket	ing			
2.14 Have you previously (ındertaken a	Inter	nship	?:(X)			YES		X	
If yes , please specify: Title nternship DoL Registration	and number	_	Title DoL Registration number			1				
2.15 Were you employed boefore concluding this agre	y your employ eement? (X)					X				
(a) If unemployed, for h									-	
(b) If employed, when d working for your employ	id you start		С	С	у	у	m	m	d	d

SECTION 3 PARENT OR GUARDIAN DETAILS

(To be completed if learner is a minor - i.e. unmarried person under 18 years)

3.1 Surname:		
3.2 Full Names:		
3.3 Identity Number (RSA	A) :	
3.4 Home Address:	- 13 ¹⁴	3.5 Postal Address: (If different from Home Address)
3.6 Home Telephone:		
3.7 Work Telephone:		
3.8 Cell Phone:	v and	
3.9 E-mail Address :		

SECTION 4 EMPLOYER DETAILS (Lead Employer)

	f		
4.1 Legal Name of Employer:	Little Pig CC		
4.2 Trading Name (if different from Legal Name):			
4.3 Home Address:	4.4 Postal Address: (If different from Home Address)		
11 William Avenue			
Vincent			
East London			1
4.5 Are you liable for the skills development levy? (X)		X	NO
If yes, what is your SDL number	780780583		
4.6 Name of SETA with which you're registered	MICT SETA		
4.9 Are you acting as the lead Employer?	X NO		

4.10 Contact Person responsible for Internship:	Lulamisa Kama
4.11 Work Telephone:	043 726 2864
4.12 Work Fax:	086 504 3042
4.13 E-mail Address:	lulamisa@littlepig.cc

SECTION 5 HOST EMPLOYER

5.1 Legal Name of Employer:			
5.2 Trading Name (if different from Legal Name):			
5.3 Home Address:	5.4 Postal Address: (If different from Home Address)		
5.5 Are you liable for the skills developmen	t levy? (X)	YES	NO
If yes, what is your SDL number			
5.6 Name of SETA with which you're registered			
5.7 Are you acting as the Host Employer?	YES	NO	
5.8 Contact Person responsible for Internship:			
5.9 Work Telephone:			
5.10 Work Fax:			
5.11 E-mail Address:			

SECTION 6 SIGNATORIES

Learner's Signature:	Host Employer:	
Date: 23 April 2018	Date:	
Witness Signature:	Witness Signature:	
NSJEMED .		
Date: 23 April 2018	Date:	
Employer Signature:		
Harries		
Date: 23 April 2018		
Witness Signature:		
M. Moly W		
Date: 23 April 2018		
MICT SETA	OFFICIAL USE ONLY	
LP ADMINISTRATOR	to state the state of the state	
LP MANAGER		
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