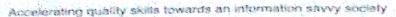


Accreditation no: ACC/2014/00/160

Media, information and Communication Technologies Spons Education and Training Authority





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: | IT Information Systems Administrator | | |
|--|--------------------------------------|--|--|
| 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: | Bili | | | |
|--|---------------|----------------|--|--|
| 2.2 Full Names: | Anathi | | | |
| 2.3 Identity Number (RSA) Attach certified copy of ID: | 9410070995081 | | | |
| 2.3.1 Below 35 Years? (X) | X | NO | | |
| 2,4 Gender (X) | MALE | × | | |
| 2.5 Equity (X) | X INDIAN (| COLOURED WHITE | | |

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| 2.6 Do you have a disability, as stipulated | by th | e Emp | loyme | nt Act | 55 of 3 | 19987 | (X) | YES | × |
|---|----------|--|---|---------|---------|----------|---|--|--------------------------|
| If yes, please specify: | | | | | | | | | District Chicagon Street |
| 2.7 Home Address: | | | 2.8 Postal Address: (If different from Home Address) | | | | | | |
| 11010 Gwigi Location | | | | | | | | | Tracepose & Respect |
| Newlands | | | | | | | | | |
| 2.9 Telephone / Cell: | | 078 | 0842 | 505 | | | | | |
| 2.10 Email: | | bili. | mase | i@gm | nail.co | m | *************************************** | Taring Million or spirit spirit spirit | - |
| 2.11 Are you South African Citizen? (X |) | | | X | | | | NO | ************ |
| If No, please specify and attach docu status. (E.g. permanent residence, Asy | ment | s indi | cating r, etc) | your | | | | LICAB TACH | LE |
| 2.12 Highest level of highest Qua | lifica | tion | attai | ned (| X) | STAMOUN. | | | |
| NQF Level | | Oth | er | | | | | | |
| 8 | | Doc | toral c | legree | s, Ph | D | | a sistem and the | |
| 7 | | Mas | ters d | egree | 5 | | | | |
| 6 | X | X 4 year degrees | | | | | | | |
| 5 | | National diplomas + Higher certificate | | | | | | | |
| 4 Further Education and Training Certificate(FETC) | | Grade 12, Matric Exemption | | | | | | | |
| 3 | | Grade 11 | | | | | | | |
| | Grade 10 | | | | | | | | |
| 1 General Education and Training Certificate(GETC) | | Grade 9, ABET Level 4 | | | | | | | |
| 2.13 Title of your highest qualification? | Nat | ional | Diplor | na : Ir | forma | ation ' | Techn | ology | |
| 2.14 Have you previously undertaken a | Inter | nship | ? (X) | | | YES | | X | |
| f yes, please specify: Title and ternship DoL Registration number | | | stratio | ונות חכ | mber | | | | |
| .15 Were you employed by your employer efore concluding this agreement? (X) | | | | | | | | | |
| a) If unemployed, for how long? | | | | | | | | | |
| b) If employed, when did you start working for your employer? | | c | С | У | У | m | m. | d | đ |

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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): | |
| 3.4 Home Address: | 3.5 Postal Address: (If different from Home Address) |
| | |
| | |
| | |
| 3.6 Home Telephone: | |
| 3.7 Work Telephone: | |
| 3.8 Cell Phone; | |
| 3.9 E-mail Address : | |

SECTION 4 EMPLOYER DETAILS (Lead Employer)

| 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 | | | | |
| 4.5 Are you liable for the skills developmen | it levy? (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 | |

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| 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) | | |
| | | | |
| | | | |
| 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: 478-4. | Host Employer: |
|-----------------------------|--------------------|
| Date: 20 April 2018 | Date: |
| Witness Signature: | Witness Signature: |
| HETWO | |
| Date: 20 April 2018 | Date: |
| | |
| Employer Signature: | |
| Harris | |
| Date: 20 April 2018 | |
| Witness Signature: | |
| Date: 20 April 2018 | |
| | OFFICIAL USE ONLY |
| LP ADMINISTRATOR | |
| | |
| LP MANAGER | |
| | |
| | |