

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:	<u>IT Information Systems Administrator</u>
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:	Sigcau			
2.2 Full Names:	Phakama			
2.3 Identity Number (RSA) Attach certified copy of ID:	8904291076086			
2.3.1 Below 35 Years? (X)	X	NO		
2.4 Gender (X)	MALE		X	
2.5 Equity (X)	X	INDIAN	COLOURED	WHITE

2.6 Do you have a disability, as stipulated by the Employment Act 55 of 1998? (X)							YES		X			
If yes, please specify:												
2.7 Home Address:							2.8 Postal Address: (If different from Home Address)					
Tshungwana A/A Mount Frere 5090												
Mount Frere												
PO box 92845 Mount Frere 5090												
2.9 Telephone / Cell:							0738223365					
2.10 Email:							mamtshawe.sigcau@yahoo.com					
2.11 Are you South African Citizen? (X)							X		NO			
If No, please specify and attach documents indicating your status. (E.g. permanent residence, Asylum seeker, etc)									IF APPLICABLE ATTACH			
2.12 Highest level of highest Qualification attained (X)												
NQF Level					Other							
8					Doctoral degrees, PhD							
7					Masters degrees							
6					4 year degrees							
5					National diplomas + Higher certificate							
4 Further Education and Training Certificate(FETC)					X		Grade 12, Matric Exemption					
3					Grade 11							
2					Grade 10							
1 General Education and Training Certificate(GETC)					Grade 9, ABET Level 4							
2.13 Title of your highest qualification?					National Certificate : IT Support NQF Level 4							
2.14 Have you previously undertaken a Internship? (X)							YES		X			
If yes, please specify: Title and Internship DoL Registration number					Title							
					DoL Registration number							
2.15 Were you employed by your employer before concluding this agreement? (X)					EMPLOYED			X				
(a) If unemployed, for how long?												
(b) If employed, when did you start working for your employer?					c	c	y	y	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) :	
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:	Border ICT and Cabling Service CC		
4.2 Trading Name (if different from Legal Name):			
4.3 Home Address:	4.4 Postal Address: (If different from Home Address)		
16 King Street			
Southernwood			
East London			
4.5 Are you liable for the skills development levy? (X)	X	NO	
If yes, what is your SDL number	L680796333		
4.6 Name of SETA with which you're registered	MICT SETA		
4.9 Are you acting as the lead Employer?	X	NO	

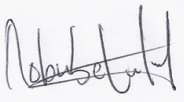
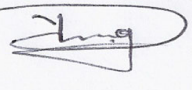
4.10 Contact Person responsible for Internship:	Nobubele Vuba
4.11 Work Telephone:	0430070558
4.12 Work Fax:	
4.13 E-mail Address:	info@borderict.co.za

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 development 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: 23 April 2018
Witness Signature: 	Witness Signature:
Date: 23 April 2018	Date: 23 April 2018

Employer Signature: 	
Date: 23 April 2018	
Witness Signature: 	
Date: 23 April 2018	
MICT SETA OFFICIAL USE ONLY	
LP ADMINISTRATOR	
LP MANAGER	



137 Sivewright Avenue
4th Floor, Office No. 6
New Doornfontein
2094

Tel: 011 402 2352
Fax: 011 402 2352
E-mail: info@jonda.co.za
: jla@telkomsa.net

Reg Number: 2007/020839/07

26th January 2018

TO WHOM IT MAY CONCERN

Hereby confirm that, Phakama Sigcau
Identity number – 890429 1076 086

She is currently on an IT Technical Support NQF level 4 learnership Program at the above company.

She commenced the classes on the 15th May 2017; the program will officially end on the 14th May 2018.

If you need any further clarifications please do not hesitate to contact Lennie Sambo on the above contact details.


Lennie Sambo
OFFICE ADMIN



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGETREERDE WOON- EN POSADRES in hierdie sakkie

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 890429 1076 08 6



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
SI6CAU

VOORNAME/FORENAMES
PHAKAMA

GEBOORTEDISTRIK OF-LAND
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1989-04-29

DATUM UITGEREK
DATE ISSUED

2010-07-07

UITGEREK OP BELEG VAN DIE
DIREKTOR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



IT IS HEREBY CERTIFIED THAT THIS IS
A TRUE COPY OF THE ORIGINAL DOCUMENT
AND THAT THERE IS NO INDICATION THAT
ALTERATIONS HAVE BEEN MADE THERETO
BY AN UNAUTHORISED PERSON.

DATE: 2018 - 04 - 09

NAME: Regile

RANK:

SIGNATURE:

OFFICE:

[Handwritten signature and official stamp]



REPUBLIC OF SOUTH AFRICA

IT IS HEREBY CERTIFIED THAT THIS IS
A TRUE COPY OF THE ORIGINAL AND
THAT THERE IS NO INDICATION THAT
ALTERATIONS HAVE BEEN MADE HERETO
BY AN UNAUTHORISED PERSON.
DATE: 2018-04-09
NAME: Reginald
RANK:
SIGNATURE: [Signature]
OFFICE:

National Senior Certificate

Awarded to

PHAKAMA SIGCAU



Date of birth 1989-04-29

Subject

IsiXhosa Home Language
English First Additional Language
Life Orientation
Geography
Life Sciences
Physical Sciences

Achievement

%	level
58	4
49	3
60	5
37	2
42	3
32	2
***	*

This candidate is awarded the National Senior Certificate and has met the minimum requirements for admission to higher certificate study as gazetted for admission to higher education, subject to the admission requirements of the higher education institution concerned.

With effect from December 2010

M. S. LAKOMETSU

Chief Executive Officer

160 3197 7810 L



This certificate is issued without alterations or erasure of any kind



UMALUSI



Council for Quality Assurance in
General and Further Education and Training
South Africa

7152485

(See reverse for more information)