



Provider Statement of Authenticity

CPT Application Attachment

Southern Africa Professional Trainers Association

This form is compulsory where the provider who facilitated a CPT application has to certify authenticity of evidence due to the fact that such evidence cannot be attached, since:

- *The applicant has presented the evidence to the facilitating provider but wants to protect his / her intellectual property by not leaving the said evidence in possession of such provider; and / or*
- *The evidence is web-based.*

1 Contact Details

Name of Applicant (SAPTA Member):	
SAPTA Membership Number:	

Provider Information	
Name of Provider:	
Name of Contact:	
Contact Landline:	
Contact Mobile:	
Contact e-mail:	
Country:	

2 Evidence Items Presented

I _____, a dully authorised representative of _____ (provider company), certify that the evidence items listed below have been physically investigated by me and that I am certain that such evidence items are authentic and accurately provide evidence to the section of the CPT application for which it was intended...

Evidence Item:	Evidence Number:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
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21.	
22.	
23.	

3 Web-based Evidence

I, _____, a dully authorised representative of _____ (provider company), certify that the URL evidence items listed below have been visited and investigated by me and that I am certain that such evidence items accurately provide evidence to the section of the CPT application for which it was intended...

Evidence Item:	URL	Evidence Number:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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10.		
11.		
12.		

4 Declaration

We hereby declare that the above information is accurate, true and correct:

Provider Representative		Applicant	
Name:		Name:	
Date:		Date:	
Place:		Place:	
Signature:		Signature:	

Please forward this document with all attachments to the [SAPTA Office Manager](#) for record keeping

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