



## ACADEMIC RECORD

**PLEASE NOTE:** We require at least 20 working days for the processing of an academic record once proof of payment has been received. Please attach a copy of your proof of payment and send your form to [exemptions@chartgov.co.za](mailto:exemptions@chartgov.co.za)

### PERSONAL INFORMATION

Title:	<input type="text"/>	Student/Member Number:	<input type="text"/>
Full Name(s):	<input type="text"/>		
Surname:	<input type="text"/>		
Maiden Surname:	<input type="text"/>		
ID / Passport Number:	<input type="text"/>		
Physical Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country:	<input type="text"/>	Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>		
Contact No:	<input type="text"/>		
Amount Paid:	<input type="text"/>		
Payment Date:	<input type="text"/>		
Current Course:	<input type="text"/>		
Can we update your details on our system as per this form?	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Signature	Date:		

### PAYMENT OPTIONS

Please refer to the applicable [fee schedule](#).  
Kindly e-mail the completed appeal form and proof of payment to [exams@chartgov.co.za](mailto:exams@chartgov.co.za)

- |   |  |
|---|--|
| <input type="checkbox"/> Electronic Funds Transfer (EFT)              | <input type="checkbox"/> Card Payment at CGISA's office with a physical card |
| <input type="checkbox"/> Direct deposit into the CGISA's bank account | <input type="checkbox"/> Online payments via the CGISA's online portal       |

## BANKING DETAILS

Account holder: Chartered Governance Institute Southern Africa

Bank details: Nedbank

Branch name: Braamfontein

Branch code: 19 87 65

Account number: 1968 298 991

Reference: Name, Surname and Student Number (**COMPULSORY**)

## PERMISSION TO PROCESS YOUR PERSONAL INFORMATION

By ticking the box below:

- You consent to CGISA processing your personal information (including the information provided by you to CGISA in this form), in order for CGISA to fulfil its obligations to you pursuant to this form and agree that CGISA may send relevant communications to you for any purposes referred to in this document and/or in connection with CGISA's activities.
- You acknowledge that processing your personal information is in your legitimate interests and is necessary in order for CGISA to carry out its functions as requested by you in terms of this form.
- You agree to the terms of CGISA's [privacy policy](#) which sets out, inter alia, further information as to the personal information which CGISA processes, the purpose for such processing and your rights as a data subject.

If you do not tick the box, CGISA will be unable to fulfil its functions in terms of this form.

Should any of your details change, please notify us of same so that our records are as accurate as possible.