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ENQUIRY RELATING TO AN EVALUATION OUTCOME

Please complete this form if you have a query regarding the progress of your application for an evaluation of your qualification(s) or a related query. Please provide clear details of your contact information and the nature of your enquiry.

PERSONAL DETAILS

Surname		Title (Mr./Mrs./Ms./Dr.)
First Names		
Date of Birth		
ID or Passport Nr.		
Mailing Address		
Contact Phone	() Number:	
Contact Fax	() Number:	
Contact E-mail		

ENQUIRY DETAILS

Date or Month application lodged	
Highest qualification in application	
Nature of enquiry (what you want to know)	
Today's Date	

Signed: _____ Date: _____

Office Use Only: Date of Response _____ Post Fax Email

