MQA-I-SHARE ACCESS AUTHORISATION FORM

Please note that a date of birth is only required for non-South African ID numbers

First Name	Surname	ID Number	Date of bith	Company Name	Company Levy Number	Site	E-mail	Permissions

TO BE COMPLETED BY THE DIRECTOR/MANAGER RESPONSIBLE FOR ACCREDITATION			
I (Name and Surname) _____, **the** (designation) _____, **of** (Organisation) _____**agree that I will ensure that the user profiles provided to the organisation by the MQA shall be kept confidential and any misconduct or misinformation provided through MQA-I-Share will be the responsibility of the organisation. Should the person or persons supplied with user ID and password leave the employment of the organisation, it is incumbent upon the organisation to inform the MQA so that they can deactivate the user ID and password.** **Signature:** _____ **Date:**_____			
MQA OFFICE USE ONLY			
APPROVED:	**Yes**	**No**	
ETQA Manager Signature_____ **Date:**_____			