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17 October 2024

Ref: Reneilwe Galane

Tel: 012 663 9517 (switchboard) Email: provider@sace.org.za

Dear Sir / Madam

This serves to confirm that your application has been evaluated and subsequently approved.

The approval details are as follows:

| NAME OF PROVIDER | PROVIDER NUMBER | VALID FROM | EXPIRY DATE |
|------------------------------|--------------------|-----------------|-----------------|
| ADULT EDUCATION INSTITUTE | PR000001076 | 17 October 2024 | 17 October 2027 |

Thank you for your role in education and for contributing towards the continuing professional development of teachers.

Yours in the Teaching Profession

Ella Mokgalane Chief Executive Officer

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