

	<p><b>EDUCATION MANAGEMENT INFORMATION SYSTEM</b>  <b>EASTERN CAPE</b>  <b>DEPARTMENT OF EDUCATION</b></p> <p><b>2<sup>ND</sup> FLOOR, TEACHERS CENTRE BUILDING</b>  <b>EPSOM ROAD</b>  <b>STIRLING</b>  <b>EAST LONDON, 5201</b>  <b>TEL: 043 - 735 1820</b>  <b>FAX: 043 - 735 1993</b></p>
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Please do not hesitate to contact the staff at EMIS to discuss your information requirements before completing this form.

Make a cross in the appropriate block to indicate your choice. (X)

1. Information user's name				
2. Directorate (e.g. Personnel) / Organisation				
3. Rank (e.g. Chief Education Specialist)				
4. Telephone Number	Code		Number	
5. Fax Number	Code		Number	
6. E-Mail				
7. Format in which information is required	Printout	Diskette	E-mail	
8. Date by which the information is required				
9. Date of request	Y	Y	M	M
			D	D
10. Manner in which the information should be communicated to you. (No document longer than 10 pages will be faxed.)	Posted	Faxed	E-Mailed	Collect at EMIS
11. Please indicate below exactly the type of information you required:				
12. Please indicate below how you intend using this information:				

Signature : \_\_\_\_\_