EDUCATION LIBRARY

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| **4** | **Title**  (Dr / Mr / Ms ) |  | 5 | **Gender** (m/f) |  |
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| **13** | **Date registered at FSDoE** |  |
| **14** | **Registration Number (H)** |  |
| **15** | **FSDoE****Reference’s****Name** | *Mr M J Ntsala* |
| **16** | **FSDoE****Reference’s****Tel No** | *051-447-0037* |
| **17** | **FSDoE****Reference’s****Physical Address** | *Room 526**Trustfontein Bldg**St Andrews Street**Bloemfontein* |