

BANKING DETAILS

Account Name SAIW Certification
Bank First National Bank
Branch Hyde Park
Branch Number 255 805

Reference No. Surname & ID Number / Invoice Number

Account Number 620 739 56850

Please refer to our Website (www.saiw.co.za) for further information.

SAIW Certification

52 Western Boulevard (off Main Reef Road) City West, Johannesburg, 2029 P.O. Box 527, Crown Mines, 2025

Telephone: +27 (011) 298 2100 Fax: +27 (011) 836 4132

Rewrite Examination Application Form			Account Number				
					(Please complete in le	gible block letters)	
SAIW Non-Destructive Testing : Method			ECT		MT		
(ISO 9712)	, seeing , memer		PT		RT		
(552)			UT		VT		
Qualification Level			Level 1		on by encircling the relevant Method & Level) Level 2		
Industrial / Product Sector / Category							
					(Refer to webs	ite for more detail)	
			General		Date:		
			Specific		Date:		
		Practical		Date:			
			No of Sample	of Samples Writ		ritten Practice	
Examination Centre / Region			JHB	DBN	CPT	SEC	
CANDIDATE INFORMATION			Student No.				
Surname							
First Name(s) - In Full							
Identity / Passport No.							
Postal / Residential Address			Code				
E-mail Address							
L-IIIaii Auul 633							
Tel No.			Cell No.				
MANDATORY:	I declare that in the information provided above is accurate and true						
If not signed by the candidate, the application shall not be processed.	Candidate signature			ate			

ELIGIBILITY FOR QUALIFICATION RE-EXAMINATION: Candidate must supply the following documents: The SAIW Training Services verifies that the candidate has complied with the minimum requirements and access conditions for the ATO Training Course and has completed the course satisfactorily, through: a) Proof of training document b) Proof of previous examination results not exceeding 15 months from date of initial training AQB Representative Signature EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT Employer / Company Name

EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT							
Employer / Company Name							
Contact Person	Position held	Position held					
Postal / Business Address (Correct for involcing purposes)	Code	Code					
Tel. No.	Fax. No.						
E-mail address	Cell No.						
Order number							
I/We undertake to pay, in full, all SAIW Certification examination fees prior to the examination date in accordance with the published							
scale of fees.	(The candidate shall be issued with a booking confirmation for examination as soon as full payment has been confirmed)						
Name of authorised	Decignation						
company representative	Designation						
Signature	Date						

TERMS AND CONDITIONS

 The liaison administrator for this rewrite examination is Constance Makweng.
 Completed application form, with relevant information and proof of payment must be provided no later than 15 (calendar) days prior to the re write examination dates published

Contact Details:

Tel. No: 011 298 2106

E-mail: constance.makweng@saiw.co.za



- 2) Students can only apply for a rewrite examination after a period of 1 month from the date of the previous examination, unless proof of additional recognised training can be provided. Only two rewrite attempts are allowed, which must be completed within a 24 month period from the initial course date.
- 3) Cancellation of Examination Policy:
 - a. More than 15 (calendar) days prior to the examination date, by the candidate, then no cancellation fee shall apply.
 - b. Less than 15 (calendar) days prior to the examination date, by the candidate, then a 100% cancellation fee shall apply.
- 4) Only students that have paid in full shall be listed on the Examination Attendance Register after a Rewrite Examination Booking Confirmation has been issued and allowed to write on the indicated date.
- 5) Rewrite Students failing to attend the confirmed rewrite date and time, shall not only forfeit the examination fee, but shall also loose an allowed examination opportunity as per the rules of the qualification scheme.