



# SOUTHERN AFRICAN INSTITUTE OF WELDING

## BANKING DETAILS

Account Name Southern African Institute of Welding;  
 Bank First National Bank;  
 Branch Hyde Park;  
 Branch Number 255 805;  
 Account Number 505 236 54470  
 Reference No. Surname & ID Number / Invoice Number

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

Please refer to our Website ([www.saiw.co.za](http://www.saiw.co.za)) for any information relating to the Training, Qualification and Certification of SAQCC-NDT personnel

<b>REGISTRATION FOR PRACTICAL WELDING</b> (Please complete in legible block letters)	<b>Account Number</b>	
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<b>CANDIDATE INFORMATION</b>	<b>Student No.</b>	
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Surname \_\_\_\_\_

First Name(s) - In Full \_\_\_\_\_

Identity / Passport No. \_\_\_\_\_ Age \_\_\_\_\_

Postal / Residential Address \_\_\_\_\_ Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Tel No. \_\_\_\_\_ Cell No. \_\_\_\_\_

<b>MANDATORY:</b>  If not signed by the candidate, the application shall not be processed.	I declare that in the information provided above is accurate and true	
Candidate signature		Date

## EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT

Employer / Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Position held \_\_\_\_\_

Postal / Business Address (Correct for invoicing purposes) \_\_\_\_\_ Code \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax. No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell No. \_\_\_\_\_

Order number \_\_\_\_\_ Company VAT \_\_\_\_\_

I/We undertake to pay, in full, all SAIW training fees prior to the training course date in accordance with the published scale of fees. (The candidate shall be issued with a booking confirmation for training as soon as full payment has been confirmed)

Name of authorised company representative		Designation	
Signature		Date	

**Note :**

1. Copy of applicants ID, as well as proof of payment, must accompany this application document
2. Students are responsible for own PPE
3. Cancellation before 30 days of start of course – no charge, less than 30 days – full charge

**EMPLOYER**  
(Ignore employer signatures of payment is made by candidate)

## INFORMATION SHEET

Test Only	No	5 Days Training	Abbreviation	Yes	No
Process		Shielded Metal Arc Welding	SMAW		
		Gas Tungsten Arc Welding	GTAW		
		Gas Metal Arc Welding	GMAW		
		Flux Cored Arc Welding	FCAW		
		Oxyfuel Welding / Brazing / Cutting	OFW / B		
Position		Fillet Weld – Flat Position	1F		
		Fillet Weld – Horizontal Position	2F		
		Fillet Weld – Vertical Position	3F		
		Fillet Weld – Overhead Position	4F		
		Plate Weld – Flat Position	1G		
		Plate Weld – Horizontal Position	2G		
		Plate Weld – Vertical Position	3G		
		Plate Weld – Overhead Position	4G		
		Pipe Weld – Horizontal Position	2G		
		Pipe Weld – Vertical Up Position	5G		
		Pipe Weld – Inclined 45° Position	6G		
Material		Carbon Steel	CS		
		Stainless Steel	SS		
		Aluminium	AL		
		Other			

## PAYMENT DETAILS

Performance Test

Receipt No

Competency Test

Procedure Test


Training

From

To

Number of Days

Receipt No

Week 1				
Week 2				
Week 3				
Week 4				

Additional information can be found on our website: [www.saiw.co.za](http://www.saiw.co.za)