



SOUTHERN AFRICAN INSTITUTE OF WELDING

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

Telephone : +27 11 298 2111
Fax : +27 11 836 4132

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

COURSE ENROLMENT APPLICATION

(Please complete in legible block letters)

CANDIDATE NUMBER

(If known, otherwise number shall be provided during the training course)

COURSE DETAILS

| | | | |
|-----------------------|--|-------------------|-----------------|
| NAME OF COURSE | | | |
| GROUP | | | |
| TRAINING DATES | | Start Date | End Date |

CANDIDATE INFORMATION

Surname

First Name(s) - In Full

Identity / Passport No

Age

Postal / Residential
Address

Code

E-mail Address

Tel No

Cell No

MANDATORY:

I declare that the information provided above is accurate and true.

If not signed by the
candidate, the application
shall not be processed.

Candidate signature

Date

ELIGIBILITY FOR TRAINING COURSE : Candidate must supply the following information

The SAIW Training Services (SAQCC - Authorised Training Organisation – ATO) verifies that the candidate has supplied the following required information:

- | | |
|--|--------------------------|
| a) Legible copy of applicant's identity document, Driver's license or Passport | <input type="checkbox"/> |
| b) Certified copies of Highest School grade passed | <input type="checkbox"/> |
| c) Learner ships – Please provide proof | <input type="checkbox"/> |
| d) Certified copies of additional / Tertiary qualifications | <input type="checkbox"/> |
| e) Please provide proof of other qualifications | <input type="checkbox"/> |

ATB Representative

Signature

SAIW : OFFICE USE ONLY

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 _____

EMPLOYER
(once employer signatures of payment is made by candidate)

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 _____

BANKING DETAILS

| | | | | | |
|---------------------|---------------------------------------|-------------------|----------------|--------------------|---------|
| BANK | First National Bank | BRANCH | Hyde Park | BRANCH CODE | 255 805 |
| ACCOUNT NAME | South African Institute of Welding | ACCOUNT NO | 505 236 54 470 | SWIFT CODE | FIRZAJJ |

BOOKING ARRANGEMENTS

All training related queries are to be forwarded to SAIW – Training Administration Mrs Laetitia Dormehl (dormehl@saiw.co.za) / Fax (011 836 4132).

Proof of full payment, is required to confirm booking.

Cancellation of course bookings prior to thirty days of the course start date shall result in a full refund of fees already paid.

Full course fee shall be payable if cancellation of course bookings are within thirty days of the course start date.

Additional information may be found on our website: www.saiw.co.za