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 Johannesburg, 2029
 P.O. Box 527, Crown Mines, 2025

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

PF04-06 Rev.02

REWRITE EXAMINATION APPLICATION FORM (Please complete in legible block letters)

SAIW Course Heat Treatment Practitioner

CANDIDATE NUMBER _____
 (If known, else number shall be provided during the training course)

Please indicate by crossing the appropriate block. Refer to website for additional information

SAIW Course

Heat Treatment Practitioner

REWRITE EXAMINATION	EXAM PAPERS	TICK APPROPRIATE	DATES
	Open Book	<input type="checkbox"/>	_____
	Closed Book	<input type="checkbox"/>	_____

CANDIDATE INFORMATION

Surname _____

First Name(s) - In Full _____

Identity / Passport No. _____

Postal / Residential Address _____

Code _____

E-mail Address _____

Tel No. _____ **Cell No.** _____

MANDATORY: 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

ELIGIBILITY FOR QUALIFICATION EXAMINATION: Candidate must supply Proof of training Record which confirms as follows:			
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)	Daily attendance, and thus achieving the required minimum number of classroom training		<input type="checkbox"/>
b)	Participation in class activities & completing homework questionnaires, completing practical assignments and tasks		<input type="checkbox"/>
c)	Satisfactorily passing the end of course assessment (If applicable)		<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			

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

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 company representative		Designation	
Signature		Date	

BANKING DETAILS					
BANK	First National Bank	BRANCH	Hyde Park	BRANCH CODE	255 805
ACCOUNT NAME	SAIW Certification	ACCOUNT NO.	620 739 568 50	SWIFT CODE	FIRNZAJJ

BOOKING ARRANGEMENTS	
All examination related queries can be forwarded to SAIW Certification – Admin. Controller – Examinations Mrs.Martie Beetge , (beetgem@saiw.co.za) / Fax (011 836 4132)	
Initial examinations:	Addressed during training course
Rewrite / Recertification:	Refer to updated examination schedule or contact Me Beetge regarding availability and dates of required examinations. Send a completed application form together with proof of payment to Me Beetge. The application form & proof of payment must reach the SAIW Certification at least 15 days before the rewrite date.
CANCELATIONS ARE ONLY ALLOWED IF VERBALLY COMMUNICATED WITH MRS. BEETGE AT LEAST 15 DAYS BEFORE THE EXAMINATION. EXAM COSTS ARE SEPARATE FROM TRAINING COST AND AS PER PUBLISHED SCALE OF FEES.	

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