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

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: **If not signed by the candidate, the application shall not be processed.**	**I declare that the information provided above is accurate and true.**			
	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 ☐

b) Certified copies of Highest School grade passed ☐

c) Learner ships – Please provide proof ☐

d) Certified copies of additional / Tertiary qualifications ☐

e) Please provide proof of other qualifications ☐

ATB Representative		**Signature**	

SAIW : OFFICE USE ONLY

EMPLOYER / COMPANY / PERSON RESPONSIBLE FOR PAYMENT

EMPLOYER
(Ignore employer signatures of payment is made by candidate

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**	

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**	FIRNZAJJ

BOOKING ARRANGEMENTS

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