



# SAIW Certification

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

## BANKING DETAILS

Account Name	Southern African Institute of Welding NPC			Telephone	+27 (011) 298 2128
Bank Branch	First National Bank Hyde Park	Branch No.	255 805	E-mail	<a href="mailto:exams@saiw.co.za">exams@saiw.co.za</a>
Reference No	505 236 54470			Website	<a href="https://www.saiw.co.za">https://www.saiw.co.za</a>
	Surname & ID Number / Invoice Number				

## Examination Application – Welding Technology

Account Number

## CANDIDATE INFORMATION

Student No.

Examination Centre / Region

JHB

DBN

CPT

SEC

Other

## COURSE / EXAMINATION DETAILS: Choose only and fill in / tick the relevant box

International Welding Practitioner	<input type="checkbox"/>	International Welding Specialist	<input type="checkbox"/>
International Welding Technologist	<input type="checkbox"/>	International Welding Engineer	<input type="checkbox"/>

	Exam Date	Initial	Rewrites					
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Module 1		<input type="checkbox"/>						
Module 2		<input type="checkbox"/>						
Module 3		<input type="checkbox"/>						
Module 4		<input type="checkbox"/>						

# Rewrite Application – Welding Inspection

Account Number

Student No.

## CANDIDATE INFORMATION

### PERSONAL DETAIL

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.  
I understand the consequences of providing false information.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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

## ELIGIBILITY FOR EXAMINATION:

### Candidate must supply the following information

- a) Legible copy of applicant's identity document, Driver's license, or Passport
- b) Proof of successful completion of recognised training program
- c) In the case of a **rewrite application** a copy of latest examination results shall be required
- d) In the case of a **recertification / revalidation** examination, a copy of the latest certificate shall be required
- e) In the case of a **transition examination**, a copy of the Recognition of Prior Learning (RPL) together with supporting evidence as required within the application form shall be required.
- f) Proof of Payment

### The Authorised Training Body (ATB) must supply the following information:

- g) Evaluation and confirmation of the students' eligibility to attend the course
- h) Supporting student records such as:
  - i. Highest Secondary / School qualification achieved  
(Optional Proficiency test results if no Maths and Science were taken at school)
  - ii. Current qualification / certification relating to this course
  - iii. Certified copies of additional / Tertiary qualifications
  - iv. Learner ships / Trade Qualifications – Please provide proof
  - v. Please provide proof (CV / Logbook) of other qualifications / Metal work Experience (Type & Duration)
  - vi. Vision Acuity records (optional)
- i) Attendance records
- j) Formative and / or Summative Assessment outcomes

**SAIW Certification verifies that the candidate and ATB has supplied the required information and that the candidate is eligible to sit the examination. Please note that the submission of false information shall result in the examination application being decline**

Certification Body  
Representative

Date

## TERMS AND CONDITIONS

SAIW Certification reserves the right to cancel the holding of an examination at short notice, should student numbers not meet our minimum examination eligibility requirements. Candidates shall be informed of the cancellation two weeks prior to the training start date and arrangements will be made to book the candidate on the next available course. Should the student / applicant decide the alternative arrangement is unsuitable, the full course fees will be reimbursed in these circumstances. Personal costs relating to accommodation and travelling cannot be claimed.

If the course booking is cancelled by the applicant less than 30 (thirty) days prior to the training start date, then the cancellation charge will be equal to the full course cost and no refund is applicable.

If the course booking is cancelled by the applicant 30 (thirty) days or more prior to the training start date, a cancellation charge of 4% (and VAT) of the course fees will be charged by the SAIW Certification as an administration fee and the balance of the fees refunded to the applicant. In these circumstances only the balance of the course fees will be reimbursed and no personal costs relating to accommodation and travelling may be claimed by the applicant.

## REQUIREMENTS WHEN YOU COME TO THE EXAMINATION

Documentation	Copy of ID / Passport / driver's license + Examination confirmation letter
Stationery	Scientific calculator, pen, pencil, highlighter, examination pad and 30cm ruler, protractor & eraser
<b>Practical Welding</b>	
PPE – Full overall with long sleeves, gloves, helmet and safety boots	
<b>NDT</b>	
Dress Code	Long pants, shirt and safety boots at all times
<b>Other Courses</b>	
Men & women: Long pants, shirt and closed shoes at all times	

## DELIVERABLES

Please confirm your primary contact details so that communication channels can be maintained. Please note that it is your responsibility to change any of your personal details via the student portal accessible from the SAIW website

An **Examination Result Letter** shall be issued no later than 6 weeks after completion of examination.

This document forms part of your student records and is required for qualification / certification