

**BANKING DETAILS**

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

SAIW Certification

52 Western Boulevard
(off Main Reef Road)
City West, Johannesburg, 2029
P.O. Box 527, Crown Mines, 2025
Telephone : +27 (011) 298 2100

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

Rewrite Examination Application Form**Account Number**

(Please complete in legible block letters)

SAIW Welding Technology (Welding Inspection)**Welding Quality Control**

MC Exam

☐

Date: _____

Examination Centre / Region

JHB

DBN

CPT

SEC

CANDIDATE INFORMATION**Student No.**

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 RE-EXAMINATION:

Candidate must supply the following documents:

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) Proof of training document

☐

b) Proof of previous examination results not exceeding 15 months from date of initial training

☐**AQB 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

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****TERMS AND CONDITIONS**

- 1) The liaison administrator for this rewrite examination is Laetitia Dornehl.

Contact Details:

Tel. No: 011 298 2111

E-mail: exam@saiw.co.za

Completed application form, with relevant information and proof of payment must be provided no later than 15 (calendar) days prior to the re write examination dates published.

- 2) Students can only apply for a rewrite examination after a period of 1 month from the date of the previous examination, unless proof of additional recognised training can be provided.
- 3) Only two rewrite attempts are allowed, which must be completed within a 15 month period from the initial course date.
- 4) If the application is cancelled more than 15 (calendar) days prior to the examination date, by the candidate, then no cancellation fee shall apply.
- 5) If the application is cancelled less than 15 (calendar) days prior to the examination date, by the candidate, then a 100% cancellation fee shall apply.
- 6) Only students that has paid in full and for whom payment has been confirmed shall be listed on the Examination Attendance register after a Rewrite Examination Booking Confirmation has been issued.
- 7) Only students that are listed on the Examination Attendance register or who can supply the Rewrite Examination Booking Confirmation shall be allowed to write the examination on the scheduled date.
- 8) Rewrite Students failing to attend the confirmed rewrite date and time, shall not only forfeit the examination fee, but shall also loose an allowed examination opportunity as per the rules of the qualification scheme.