



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 (011) 298 2100
Fax : +27 (011) 836 4132

Please refer to our Website (www.saiw.co.za) for any information relating to the Training, Qualification and Certification of SAQCC-NDT personnel

COURSE ENROLMENT APPLICATION

(Please complete in legible block letters)

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

COURSE DETAILS

TITLE			
GROUP		CODE	
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 in 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 / Proficiency Test score	<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	
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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
(Ignore 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	FIRNZAJJ

BOOKING ARRANGEMENTS

All training related queries can be forwarded to SAIW – Admin. Controller – Training Mrs. Rencia Grundlingh
(grundlinghr@saiw.co.za) Proof of full payment, thirty days prior to the start of the training course, 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 day of the course start date.

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