

THERMOPLASTIC WELDING PROGRAMME ENROLMENT

(Plastics Federation of South Africa)

(Please print and indicate with X where applicable)

Fax to GP: 086 612 4368 KZN: 086 617 2677 WC: 086 617 2676

E-mail to: GP: renee.mclean@plasticssa.co.za; KZN: desiree.reddy@plasticssa.co.za; WC: zikhona.nokama@plasticssa.co.za

COMPANY INFORMATION		
Company Name	VAT No. SDL No.	
Postal Address	Physical Address	
Code		Code
Telephone No.	Fax No.	
Plastics SA Member Company YES NO NO	If YES, which Association, e.g. PC	
Particulars of person submitting the enrolment form (to w	whom all training correspondence should be se	nt)
Title Mr Ms Other First Name & Surnam	e	
Position/Designation	Telephone No.	
E-mail address:		
Particulars of person responsible for paying the invoice		
Title Mr Ms Other First Name & Surnam		
Position/Designation	Telephone No.	
E-mail address:		
PROGRAMME INFORMATION (Please specify welding	ng processes)	
Learning Programme	Purchase Order	No
Dates Venue G	auteng KZN WC	Other
LEARNER'S INFORMATION (NB: A copy of the learner's I	D is required with this enrolment, except for rer	iewals)
Title Mr Ms Surname	First Names	
Known as	ID number	
Race B W C A Gender M F Specific	dietary requirements	
Home Language Disabil		
*SA citizen Y N If no, which country	Passport No.	
*Please note that non-SA citizen must provide a copy of work permit with this enrolment		
Postal Address	Physical Address	
Code		Code
Job Title	Highest Qualification	
Tel./Cell number E-mail a	address	
POPIA (Protection of Personal Information Act): By signing this personal details on this form, and on other documents related	to training, to be retained by Plastics SA's train	
	y, for an indefinite period of time.	
Employer's Signature Date	Learner's Signature	ite
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