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FACILITATOR:- _____

SIGNATURE:- _____

COMPANY NAME:

POSTAL ADDRESS:

PHYSICAL ADDRESS:

VAT REGISTRATION NO:

OFFICE TEL NO:

TRAINING CONTACT PERSON:

EMAIL ADDRESS:

COMPANY REGISTRATION

OHS REG:

TRAINING DATE(S):

QTY:

TRAINING COURSE:

TRAINING @ OHS:		ON SITE:	
WITBANK:	GAUTENG:	NELSPRUIT:	
ORDER NO:			
FAX NO:			
CELL NO:			

ATTENDANCE REGISTER

NO CERTIFICATES WILL BE ISSUED WITHOUT A COPY OF THE STUDENT'S ID COPY (NO DRIVER'S LICENCES!)
CERTIFICATES TO GO TO COMPANY DIRECTLY AFTER COMPLETION

1	SURNAME then FULL NAMES (as per ID doc)	IDENTITY NUMBER	SIGN	SIGN	SIGN	SIGN	SIGN	GENDER	RACE	X	ID Y/N	CLOCK NO	%	CERT NO	
			DAY 1	DAY 2	DAY 3	DAY 4	DAY 5								X
2								M	F	B	C	A	W		
3								M	F	B	C	A	W		
4								M	F	B	C	A	W		
5								M	F	B	C	A	W		
6								M	F	B	C	A	W		
7								M	F	B	C	A	W		
8								M	F	B	C	A	W		
9								M	F	B	C	A	W		
10								M	F	B	C	A	W		
11								M	F	B	C	A	W		
12								M	F	B	C	A	W		
13								M	F	B	C	A	W		
14								M	F	B	C	A	W		
15								M	F	B	C	A	W		

CERTIFICATES RECEIVED BY: (NAME)
SIGNATURE:

DELIVERED/POSTED:
DATE:

TAX INVOICE:
PMT DATE: