



Southern African Gas Association NPC
 PostNet Suite 141
 Private Bag X04
 Fontainebleau
 2032

Tel: +27 (0) 11 431 2016
 Fax: +27 (0) 86 525 3415

Date: _____

UPDATE OF REGISTERED GAS PRACTITIONER - PERSONAL INFORMATION -

Initials	
First name	
Surname	
ID no.:	
Cell Number	
Email	
SAQCC No	
Expiry Date	

Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
Company Reg No	
VAT Reg No	
Line Manager/ Supervisor	
Tel	
Fax	
Line Manager/ Supervisor Email	

EMPLOYER POSTAL ADDRESS		EMPLOYER STREET ADDRESS	
Address		Address	
Suburb / Town		Suburb / Town	
Province		Province	
Postal code		Postal code	

I hereby confirm that all the information included within this application is true and valid and that I will adhere to the registration requirements.

Name: _____

Signature: _____

Forward application form to: email: lerato@sagas.co.za or fax to 086 525 3415