



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 -

<b>Initials</b>	
<b>First name</b>	
<b>Surname</b>	
<b>ID no.:</b>	

<b>SAQCC No</b>	
<b>Expiry Date</b>	

<b>Self employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b>	
<b>Company Reg No</b>	
<b>VAT Reg No</b>	
<b>Tel</b>	
<b>Fax</b>	
<b>Cell</b>	
<b>Email</b>	

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: \_\_\_\_\_

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**Forward application form to :**  
**email: [lerato@sagas.co.za](mailto:lerato@sagas.co.za) or fax to 086 525 3415**

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