



SOUTH AFRICAN REFRIGERATION & AIR CONDITIONING CONTRACTORS' ASSOCIATION

2nd Floor Donmed House, Cambridge Place, Cnr Kirkby & Oxford Roads, Bedford Gardens, Bedfordview
 PO Box 75912, Gardenview 2047 • E-mail saracca@icon.co.za • Website www.saracca.co.za
 Tel 011 622 3890 • Telefax 011 622 2534

Fax2Email: 086 540 6462 VAT REGISTRATION NUMBER: 45 00 11 67 61

APPLICATION FOR REPLACEMENT OR UPGRADE AS AN AUTHORISED GAS PRACTITIONER

NB: Registrations are only valid with-in the borders of the Republic of South Africa

NB: Registrations are only valid for a period of 3 years after which renewal of registration is required

2019

PAYMENT GUIDELINES:		✓
*	Payment of R400.00 (including VAT) must be made by electronic transfer to SARACCA , A copy of the deposit slip must be attached to this form and emailed to suzette@saracca.co.za	
*	Account Details: First National Bank; Branch No.252155 – Bedford Gardens: Account No. 59630030903 – Cheque Account	
*	Use your initials and surname for reference when making payment	
*	If paid by a VAT Registered Company, please provide us by email on a FULL company letter head confirming the VAT registration number; address and contact details or a copy of the CURRENT Valid VAT registration certificate.	
*	Email completed form and proof of payment to: suzette@saracca.co.za and cathy@saracca.co.za	

PERSONAL DETAILS

First names												
Surname												
ID no.												
Telephone No.												
E-mail address												
Cell phone												
Position held in company												
<u>Courier Address</u>	Address to which card will be couriered				Residential Address							
Street Name and Number					Unit/Flat no							
Town					No & street							
Province					Suburb/town							
Code					Code							
Contact Person												
Contact Number												
OR	Arrange for the Card to be collected from SARACCA office				Yes				No			

PLEASE NOTE:

This application form/fee is valid until the end of February 2020

CHANGE OF EMPLOYER - NEW EMPLOYER DETAILS

Employer / Company name Name to be printed on card:			
Type of Business			
Postal Box No	Contact Person in company		
Suburb/Town	Position held		
Province	Office Telephone No		
Post code	Office E-mail address		
Invoice details e.g. Full Company name			
	VAT confirmation letter attached	Yes	No

UPGRADE - QUALIFICATIONS OBTAINED SINCE ORIGINAL REGISTRATION

TRADE APPRENTICESHIP OR LEARNER-SHIP	
From:	
To:	
Employer during Apprenticeship/learner-ship:	
Additional Skills training attended and qualifications ATTACH ALL CERTIFICATES	
Indicate types of plant and equipment worked on	

REPLACEMENT CARD

REASON:	<input checked="" type="checkbox"/>	
LOST OR STOLEN CARD	<input type="checkbox"/>	
OTHER – PLEASE SPECIFY REASON	<input type="checkbox"/>	

I confirm that the information provided by me in my application is correct, valid and that all certificated and documentation is attached.

I shall sign and abide by the SAQCC gas Code of practice attached.

SIGNED

DATE.....

APPLICANT

