



Southern Africa Compressed Gases Association

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Email : sacgass@iafrica.com*

Date: _____

**LOST / STOLEN / AMENDED CARD
UPDATE OF REGISTERED GAS PRACTITIONER
PERSONAL INFORMATION**

Initials	
First name	
Surname	
ID No	

SAQCC Gas No	
Expiry Date	
Reason for update	
Proof of Payment	R400.00 Yes No
Bank Details	Nedbank: Current Account Account number: 1107317738 Branch code: 19710500 Branch: Bryanston Ref: Registration number

Self employed	
Employer	
VAT Reg No	
Tel	
Cell	
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: _____

Email application form to: sacgass@iafrica.com