

SASOHN National Office:

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12. CHANGE OF DETAILS

To be completed upon change of employment or any personal details

Please Note: By completing this form you consent in terms of the Protection of Personal Information Act (POPI) to your personal information being obtained, utilized, and stored by SASOHN data systems.

(Failure to complete this form in full and email or fax to the National Office will result in you not receiving correspondence)

1. PERSONAL DETAILS								
TITLE	FIRST NA	ME			SASOF	IN NO	OFFICE USE ONLY	
SURNAME					SANC REG NO			
ID NO					AUDIO REG NO			
CELL NUMBER					WORK NUMER			
ETHNICITY					GENDER			
EMAIL ADDRESS					ALTERNATIVE EMAIL ADDRESS			
POSTAL ADDRESS (NB – all corr	respondence i.e., journal	s will be sent to this addre	ess)		,,,,,	J. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12		
	PO			POSTAL CODI	E			
QUALIFICATONS								
QUALIFICATORS								
NAME OFINSTITUTION WHERE								
HIGHEST STUDY COMPLETED								
PLEASE TICK	□ DIPLOMA □ DEGREE □ MAST			IASTERS	ERS □ PHD		☐ OTHER	
. EMPLOYMENT DETAIL	<u>.s</u>							
COMPANY FULL NAME					VAT NO			
POSTAL ADDRESS				T				
				CODE				
JOB TITLE				TYPE OF IN	IDUSTRY			
. <u>SASOHN REGION</u> (Plea	ase indicate the reg	on of your choice fro	om the lis	t below ON	LY)			
EASTERN CAPE	NORTHERN	INATAL VAAL		PRETORIA		WESTERI	N CAPE	
KZN COASTAL	KZN INLAND MPUMA		LANGA	GAUTENG CENTRAL		WEST RAND		
BORDER DISCUSSION GRO	OUP – EAST LONDON			_		<u> </u>		
. MEMBERSHIP TYPE								
NB: Affiliate and Interna	tional members DO N	OT qualify for Indemni	ty. This als	o applies to r	members	not employed	l in Occupational Heal	
☐FULL MEMBER	☐ AFFILIATE MEMBER			☐ INTERNATIONAL MEMBER				
you wish to stop your me p pay outstanding fees	embership at any tim	e, SASOHN National O	ffice must	be notified	in writing	g otherwise yo	ou will be liable	
SIGNATURE						DATE:		