**ORDER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **QTY** | **Member** | **Total** |
| Occupational Health Badge/Pin |  | R 75.00 |  |
| Postage |  | R 85.00 |  |
| **Total order amount** | | | **R** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAMES** |  | **CELL NUMBER** |  |
| **SURNAME** |  | **WORK NUMER** |  |
| **ID NO** |  | **SASOHN NO** |  |
| **EMAIL ADDRESS** |  | | |
|  |  | | |
| **PHYSICAL ADDRESS (NB – this is the PHYSICAL address that the badge will be delivered to)** | | | |
|  | | | |
|  | | **POSTAL CODE** |  |

**Banking Details:**

Bank: Nedbank

Branch: Durbanville

Branch Code: 103710

Account Number: 103 703 4198

Account Type: Current Account

**SASOHN has been granted “Public Benefit Organization” status by the South African Revenue Service (SARS) and is NOT a VAT vendor**

|  |
| --- |
| Please attach a copy of your occupational health qualification as well as a copy of your current sanc and sasohn receipts. |
| Please make payment as indicated on the order form and fax proof of payment to the SASOHN National Office.  Upon receipt of proof of payment and verification process the badge will be couriered to you. |

**Orders including proof of payment may be emailed to** [**office@sasohn.co.za**](mailto:office@sasohn.co.za)

|  |  |
| --- | --- |
|  | Click or tap to enter a date. |
| **SIGNATURE** | **DATE:** |

*By signing this form electronically, you acknowledge and agree that your electronic signature is legally binding and has the same validity and enforceability as your handwritten signature. You further confirm that all the information provided is accurate and truthful to the best of your knowledge.*