



COMPANY REPRESENTATIVE DETAILS

FULL NAME:.....
ID NO......
DESIGNATION:.....
TEL/CELL:.....
EMAIL ADDRESS:.....

I On behalf of our organization declare that I have provided authentic information. I agree to be party of LPGSAZ. I further agree to abide to its constitution and code of conduct. Our affiliation is subject to us having a valid ZERA licence.

Signature

Date

OFFICIAL USE

<p>RECEIVED BY.....</p> <p>RECEIPT NO:</p> <p>AUTORISED BY.....</p> <p>DESIGNATION:</p>
