



Letter of Intent

Full name of organisation _____

Skills Development Levy No. L _____

SIC Code _____

Physical Address _____

Postal Address _____

Telephone No. & Dialling Code _____

Fax No. & Dialling Code _____

CEO/CFO/SDF Cellular No. _____

CEO/CFO/SDF E-mail Address _____

SSETA EHW Officer Name _____

Tel. & Cell Number of **SSETA DWO** _____

E-mail Address of **SSETA DWO** _____

1. Did the company submit a Workplace Skills Plan (WSP) to the Services SETA and/or another SETA for:

Year 8 (2007 to 2008)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(Please tick the appropriate block)

2. Please list the names of the participants who were involved in the WSP process:

Manager/Owner/Employer Representative _____

Skills Development Facilitator _____

Employee Representative _____

Any other Training Committee Members _____

3. Did the company submit an Annual Training Report (ATR) to the Services SETA and or another SETA for:

Year 8 (2007 to 2008)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(Please tick the appropriate block)

Comments:

Any company wishing to apply to participate in this SSETA Decent Work Pilot Project must complete this Letter of Intent in full and submit it to Refilwe Malope by fax, e-mail or post.

Fax: 011 276 9648 E-mail: refilwem@serviceseta.org.za Website: www.serviceseta.org.za
 Postal address: P. O. Box 3322, Houghton, 2041