



Declaration and Verification Document For 2017-2018 Submission

Requirements for Declaration Document

Signatures: **CEO CFO SDF**

Union Representative Training Committee Chair Person (Applicable if 50 or more permanent employ)

SDL NUMBER	
COMPANY NAME	

We, the undersigned, submit this information in fulfilment of this entity's legal obligation in terms of the skills development legislation and regulations. We declare that, to the best of our knowledge, the information contained in our WSP/ATR is accurate and up to date. We recognise that any inaccurate statement in this document may constitute fraud and be subject to the full penalty of the law.

We assign all responsibility to the SDF and grant permission to the SDF in consultation with management to complete all required information accurately and are a true reflection of the skills training of the business.

_____ Compiled By (SDF)	_____ Signature	_____ Date
_____ Union Representative	_____ Signature	_____ Date
_____ CEO/ MD Name	_____ Signature	_____ Date
_____ Financial Manager	_____ Signature	_____ Date
_____ Chairman of Training Committee Name	_____ Signature	_____ Date

***Please note that if the company has less than 50 employees, only 2 signatures are required (SDF & CEO) *Union representative signature are only required if the mentioned company has a recognition agreement with a union**