



Established since 1994



Department of Labour
Accreditation no: CI 641

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CONFIRMATION- To Service First Aid Stations

This is not a contract, but confirmation that you would like to join hundreds of other companies using this unique free service to ensure your First Aid Stations remain compliant with the Dept. Of Labour, paying only for the items that need to be replaced. No other costs involved.

The information below would allow us to enter your company onto our system for regular visits and check ups and for invoicing purposes. You are free to cancel this service at any stage by notifying us by e mail or fax. *

Company name to appear on Invoices	<input style="width: 100%;" type="text"/>						
Physical Address	<input style="width: 100%;" type="text"/>						
	<input style="width: 100%;" type="text"/>						
Postal Address	<input style="width: 100%;" type="text"/>						
VAT number	<input style="width: 100%;" type="text"/>						
Telephone	<input style="width: 30%;" type="text"/>	Fax no	<input style="width: 50%;" type="text"/>				
Person in charge of accounts	<input style="width: 30%;" type="text"/>	Person in charge of First Aid	<input style="width: 50%;" type="text"/>				
Accounts e mail address	<input style="width: 100%;" type="text"/>						
E mail for general correspondence	<input style="width: 100%;" type="text"/>						
Terms required	30 days <input type="checkbox"/>	Cash on the day <input type="checkbox"/>	EFT on the day <input type="checkbox"/>	Order no required for invoices	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do we need to call before servicing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do any staff members require First Aid training/ Basic Fire Fighting or Health & Safety Rep training in the near future			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Number of First Aid Stations	<input style="width: 30%;" type="text"/>	Service frequency required	Monthly <input type="checkbox"/>	Every 8 weeks <input type="checkbox"/>	Every 12 weeks <input type="checkbox"/>		
Name: _____ Signature: _____ Date: _____							

OUR COMMITMENT TO YOU

We undertake to provide you with excellent service and ensure that all your First Aid Stations are maintained to regulation standards at time of service.
We will assist and advise you with all your First Aid requirements and training of staff to adequately equip your company to deal with any emergency scenario.
Dennis Weber (General Manager)

For Office Use Only

Signed up by:

Service Consultant:

Area allocation:

*We would be obliged to withdraw your compliance certificate on termination of our regular service, or if you do not allow our Service Consultants to regularly check your First aid stations to ensure you are compliant.