**FORM: ACKNOWLEDGEMENT OF CATHSSETA DISCRETIONARY GRANTS POLICY**

I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby acknowledge that I have obtained copies of the CATHSSETA Discretionary Grants Policy and confirm that I have read and understood the key policy decisions and pertinent issues as set out therein.

Furthermore, should the CATHSSETA require to conduct a workplace validation visit, I commit to avail myself or a delegated official to enable site verification within the timeframes stipulated by the CATHSSETA and handover the certified documents submitted with the 2021/22 Discretionary Grants application form.

Signed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2021

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Authorised company representative)**

Witness 1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Witness 2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **For purposes of communication the following contact details should be used:** |
| **Full names:** |
| **Tel no:** |
| **Fax no:** |
| **Email:** |
| **Physical address** |
|  |