

WATER AUDIT QUALIFICATION



EMPLOYEES REQUIREMENTS FORM

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COMPANY GENERAL INFORMATION

COMPANY NAME	<input type="text"/>		
NATIONAL ADDRESS	<input type="text"/>		
DISTRICT	<input type="text"/>	CITY	<input type="text"/>
P.O. BOX / ZIP CODE	<input type="text"/>	PHONE	<input type="text"/>
EMAIL	<input type="text"/>		
CONTACT NAME	<input type="text"/>		
MOBILE PHONE	<input type="text"/>		

EMPLOYEES GENERAL INFORMATION

Company to fill only for the relevant number of employees.

EMPLOYEE #1

First name	<input type="text"/>	Last name	<input type="text"/>
Nationality	<input type="text"/>	Saudi ID / Iqama no.	<input type="text"/>
Date of birth	<input type="text"/>	Employee since:	<input type="text"/>

 Please attached copy of Saudi ID or Iqama and proof of employment (e.g. contract)

EMPLOYEE #2

First name	<input type="text"/>	Last name	<input type="text"/>
Nationality	<input type="text"/>	Saudi ID / Iqama no.	<input type="text"/>
Date of birth	<input type="text"/>	Employee since:	<input type="text"/>

 Please attached copy of Saudi ID or Iqama and proof of employment (e.g. contract)

EMPLOYEE #3

First name	<input type="text"/>	Last name	<input type="text"/>
Nationality	<input type="text"/>	Saudi ID / Iqama no.	<input type="text"/>
Date of birth	<input type="text"/>	Employee since:	<input type="text"/>

 Please attached copy of Saudi ID or Iqama and proof of employment (e.g. contract)

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EMPLOYEE #4

First name Last name
Nationality Saudi ID / Iqama no.
Date of birth Employee since:

 Please attached copy of Saudi ID or Iqama and proof of employment (e.g. contract)

EMPLOYEE #5

First name Last name
Nationality Saudi ID / Iqama no.
Date of birth Employee since:

 Please attached copy of Saudi ID or Iqama and proof of employment (e.g. contract)

EMPLOYEE #6

First name Last name
Nationality Saudi ID / Iqama no.
Date of birth Employee since:

 Please attached copy of Saudi ID or Iqama and proof of employment (e.g. contract)

DECLARATION OF INTEREST

I the undersigned, _____, declare hereby the intention of the company / institution _____ to apply for a water audit qualification and that the information provided by me in this form is correct. I authorize the Ministry of Environment, Water and Agriculture to verify this information for further qualification and I acknowledge that the company / institution will submit all required documentation and information to proceed with qualification within the timeframes established by the Ministry.

Signature: _____ Date: _____

Position: _____