

**APPLICATION FOR REPLACEMENT OF WORKPLACE SAFETY AND HEALTH OFFICER**  
**CERTIFICATE OF APPROVAL**  
(S 44/2009)

Only one copy of this form is to be submitted. Please complete all items in this form. Use a separate sheet to provide the information if the space provided is not sufficient. All information obtained for this application will be held with strict confidence.

## APPLICANT'S DETAILS

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□ Dr

Dr  Mr

☐ Mrs

Ms

Mdm

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MOBILE

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## WORKPLACE DETAILS

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اتوريٽي ڪيڙسائن ڪسلامتن  
ڪصميتن دان عالم سڪيتر  
Safety, Health and Environment  
National Authority

## APPLICATION FOR REPLACEMENT OF WORKPLACE SAFETY AND HEALTH OFFICER CERTIFICATE OF APPROVAL (S 44/2009)

### REPLACEMENT

CERTIFICATE OF APPROVAL  
REGISTRATION NUMBER

REASON FOR REPLACEMENT

DOCUMENTARY PROOF  
CHECKLIST (✓)

☐

A COPY OF POLICE REPORT

☐

COPY OF NRIC (BOTH SIDES) OR PASSPORT FRONTPAGE, VISA PAGE AND LAST PAGE)

☐

OTHERS

### DECLARATION

I, declare that all particulars and information provided in this application and the documents attached hereto are true to the best of my knowledge and belief, and I understand that the Safety, Health and Environment National Authority (SHENA) reserves the right to reject this application if, at any stage, the information provided is false and incorrect. Should verification is required on any information provided in this application, I hereby authorise SHENA to carry out the necessary investigations.

DATE

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Applicant's Name and Signature

Designation:



اتونوري تي كبغسان كسلامتن  
كصيتن دان عالم سكيتر  
Safety, Health and Environment  
National Authority

## APPLICATION FOR REPLACEMENT OF WORKPLACE SAFETY AND HEALTH OFFICER CERTIFICATE OF APPROVAL (S 44/2009)

### FOR SHENA USE ONLY

TYPE OF APPLICATION ☐ REPLACEMENT

AMOUNT OF FEES ☐ BND\$ 10.00

METHOD OF PAYMENT ☐ VIA INTERNET BANKING ONLY UPON RECEIVING INVOICE FROM SHENA FINANCE DEPARTMENT

I approve / do not approve the certificate of approval for the WSH Officer to be reissued

#### REMARKS

REF. NUMBER: **SHENA / IND /**

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DATE

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Signature

