SADCAS
SOUTHERN AFRICAN DEVELOPMENT COMMUNITY

SADCAS F 46 (c)

ATTENDANCE REGISTER – ONSITE ASSESSMENT
OPENING/CLOSING MEETINGS

Name of applicant/ Accredited Organization			**SADCAS Reference No.**
Date of opening meeting		**Date of closing meeting**	
Time of opening meeting		**Time of closing meeting**	

Name *(Please print)*	**Signature**	**Position**	**Meeting Attended** (Please tick appropriate)	
			Opening meeting	**Closing Meeting**

Name *(Please print)*	Signature	Position	Meeting Attended (Please tick appropriate)	
			Opening meeting	**Closing Meeting**