

ASDA License Agreement

ASDA Authorised Training Provider (ATP)

For the period : March – February

Training Provider Name : _____

ASDA Account Number : _____

Physical Address : _____

Contact Person : _____

Contact Number : _____

Dear ASDA ,

This letter serves as a formal agreement between Artisans Skills Development Agencies and

_____ to verify that _____

is a ASDA Authorised Training Provider for ASDA for the period of March – February 2014.

It also serves to confirm that _____ will adhere to the terms and conditions of being a ASDA Authorised Training Provider for the period stated in this agreement.

Please add the following to my training Scope:

(Please tick the left box)

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Boilermaking |
| <input type="checkbox"/> | Rigging |
| <input type="checkbox"/> | Sheet Metal Work |
| <input type="checkbox"/> | Electrical |
| <input type="checkbox"/> | Plumbing |
| <input type="checkbox"/> | Aircon & Refrigerating |
| <input type="checkbox"/> | Pipe Fitter |
| <input type="checkbox"/> | Bricklaying |
| <input type="checkbox"/> | Carpentry |
| <input type="checkbox"/> | Painting & Decorating |
| <input type="checkbox"/> | Welding |

ASDA Training Provider

Name : _____

Date : _____

Name : _____

Date : _____