

# ERASKO LIFTERS TRAINING AND CONSULT LTD.

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Our Ref:.....  
Your Ref:.....



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## CORPORATE REGISTRATION FORM

Company Name:.....

Location: .....

Date Applied.....

Postal Address:.....

.....

Email Address:.....

Contact Numbers:.....

Number of Employees:.....

### Select programme type(s) below;

- |                    |                          |                        |                          |
|--------------------|--------------------------|------------------------|--------------------------|
| Forklift Fresher   | <input type="checkbox"/> | Forklift Refresher     | <input type="checkbox"/> |
| Reachstacker       | <input type="checkbox"/> | Reachstacker Refresher | <input type="checkbox"/> |
| Mobile Crane       | <input type="checkbox"/> | Mobile Crane Refresher | <input type="checkbox"/> |
| Defensive Driving  | <input type="checkbox"/> | Pedestrian Awareness   | <input type="checkbox"/> |
| Industrial Tractor | <input type="checkbox"/> | Tractor Refresher      | <input type="checkbox"/> |

Please, attach information about all your employees that are supposed to be trained to enable us tailored the program to suit them. Contact us for further clarification if something is not clear.

Signature of Applicant:.....

Date:.....