

Registration Form

for individual Contractor

First Name:

Last Name:

Date of birth:

Vantage number
(if applicable):

Email:

Phone /
Mobile number:

Name of the client
(NOGEPA member):

Client's contact person
(NOGEPA member):

Return to: janine@thewatgroup.com

IMPORTANT INFORMATION

The agreements made between HSElife NL and NOGEPA effective from 1 January 2020 relate to the people and give the right to participate only to those Contractor companies that work for the companies affiliated to HSElife NL (NOGEPA members).

If this is not the case we will offer an individual membership. This is in accordance with the existing membership rates for Contractors and Subcontractors.
See information on HSElifennl.com at login.

PS: all information is related to HSElife NL (so only for people working in the Netherlands).