



# Certificate of Training

*This is to Certify That*

**ASJAD RAFIQ**

**Employ of (or Sponsored by)**

**QUALITY CONTROL**

**Has Attended Training Course in**

**Manual Handling Awareness Training**

**and Successfully Completed Theoretical and Practical Assessments  
Designed to Verify and Confirm his Understanding of Course Material**

**Course Duration:**

**One Day**

**Certificate Number:** **AB/2902/T/010**

**Date Awarded:** **29.02.2023**

**Refresher Date:** **28.02.2024**

**Assessor:** **Majd Dayoub**

**Signature:**

