SWAB MASTER LTD. – DOCUMENTATION TRAINING

Training Acknowledgement Form

| I | , certify that I have |
|---|---------------------------|
| received adequate training on the completion of Swab Master | |
| Ltd. documents and protocols. | |
| | |
| I agree that I will comply with all d | ocuments and complete all |
| paperwork assigned in the timeframe required. | |
| | |
| I agree to complete the assigned paper work to the best of my | |
| ability and, when in doubt, ask for assistance. | |
| | |
| I agree that I will submit all completed paperwork to the office as | |
| soon as I am able. | |
| TRAINEE NAME: | |
| I KAINEE NAME: | |
| TRAINEE SIGNATURE: | |
| TRAINER NAME: | |
| TRAINER SIGNATURE: | |
| | |