

# Certificate of Training

*This is to Certify That*

**Abdulla Moufeed Sakin**

**Employ of (or Sponsored by)**

**Personal**

**Has Attended Training Course in**



## Lifting Supervisor

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

**Course Duration:**

**2 Days**

**Certificate Number:** QC-24-0006/-01

**Date Awarded:** 02.10.2024

**Refresher Date:** 01.10.2025

**Assessor:** ASHRAF FLSAID

**Signature:**

