

Name and address of shop

MY LOCAL

12A GROVE ROAD

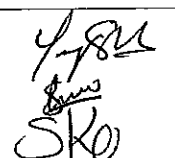
LONDON E3 5AX

Date from 22/10/2013 to

Staff Training Record For Age Restricted Goods

Record of Training

I declare that I have received and understood the training given to me by my employer on age restricted sales and will ask to see proof of age identification when I suspect a customer is under the legal age.

Full name	Position held	Products covered	Date of training	Signature
			___/___/___ <input type="checkbox"/> First training <input type="checkbox"/> Refresher	
TARIQ SHEKH SHUVO. Songi	ASS + OWNER	CIGARETTES + ALCOHOL.	22/10/2013 <input checked="" type="checkbox"/> First training <input type="checkbox"/> Refresher	
			___/___/___ <input type="checkbox"/> First training <input type="checkbox"/> Refresher	
			___/___/___ <input type="checkbox"/> First training <input type="checkbox"/> Refresher	