

## **APPLICATION FORM**

(A) COMPANY DETAILS								
Company Name:								
Company Registration No:			Coi Est	mpany Date ablishment:	of			
Company Address:								
Type Of Company:			Mo	bile Numbe	r:			
Company Website:			E-n	nail Address	:			
Office Number:			Fax	No:				
(B) i. DETAILS OF SIGN	ATORY F	OR AGEN	IT AGREEMENT	e.g. CHAIR	RMAN/M	ANAGIN	G DIRECTO	OR)
Name:								
Position Title:								
Mobile Number:								
Correspondence Address:								
Email Address:								
ii. CONTACT PERSO	NS							
Name		Position		E-mail		Mobile Number		
(C) OTHER ACCREDITAT	TION DE	TAILS						
Company Name		Company Website			E-mail Address			
(D) TRAINERS DET	AILS							
		Roles			Experience (Years)			
Trainer's Full Name	Teacher		-	Experience			CV/Certifications Submitted	
Trainer 5 run Name	Te	acher	Assessor	(Yea	rs)	0.7		ons Subinition
Trainer 3 run Name	Te	eacher	Assessor	(Year	rs)		Yes	No No
Trainer 3 run Name	Те	eacher	Assessor	(Yea	rs)			

Yes

Yes

No

No

## (E) DECLARATION

- I affirm that the information provided above is truthful and complete.
- I acknowledge that IRBA reserves the right to revoke my registration if incomplete or false information is found in the application form.

Sign and Date:

## (F) IMPORTANT CHECKLIST

(Please tick the appropriate box)

I have duly completed and signed the agent application.

**Certified True Copies of Company Registration Certificate** 

**Submitted all the required Documents** 

## (G) FOR OFFICE USE ONLY

APPLICATION STATUS:	Approved/Pending/ Rejected
RECOMMENDED BY:	
APPROVED BY:	

Email: info@ir-ba.org # Website: www.ir-ba.org