



APPLICATION FORM FOR ACCREDITATION

**NAME OF THE
INSTITUTION**

HOST COUNTRY

**FULL NAME OF THE
KEY PERSON**

**WEBSITE & EMAIL
ADDRESS**

CONTACT NUMBER

**ADDRESS
FOR
CORRESPONDENCE**

PAYMENT DETAILS:

Accreditation Charges

USD3,000 per annum

PAYABLE TO:

**ACCREDITATION SYNDICATE FOR
EDUCATION & TRAINING**

I fully understand and agree to the above and willingly affix my signature below:

Date:

Signature:

For office use only