Business Fax Number

E-mail Address

SECTION B: CONTACTS AT TRANSFEROR

Head of Transferor's (e.g. CEO) Contact Details

Title First Name

Surname

Email

Cell Phone Number

Alternative Number

Contact Person 2

Title First Name

Surname

Email

Contact Number

Alternative Number

SECTION B: TRANSFEREE INFORMATION

Name of Institution:

ACCREDITATION STATUS

(Please tick the appropriate box below)

Full Accreditation ☐

Conditional Accreditation ☐

TYPE OF ENTITY

(Please tick the appropriate box below)