*****This application form is to be completed by the Applicant / Transferor*****

SECTION A: APPLICANT/TRANSFEROR 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.)

Not for Profit Company (NPC) ☐

Municipal Entity ☐

Private Company ☐

Housing Co-operative ☐

Other (please specify) ☐

Institution's Registration number

Year of Establishment

If registered as a NPC, please supply PBO reference number, if any:

Financial Year End

Registered Address

City Code

Province

Physical Address

City Code

Postal Address

City Code

Business Telephone Number

Business Fax Number