



## Accreditation Application Form

### Institution Data:

**Name of the Institution:**

**Address:**

**Website:**

**Type of the Institution:**

### Head of Institution Data:

**Full Name:**

**Address:**

**Designation:**

**President**

**Owner**

**CEO**

**Secretariat Manager**

**Other**

**Email Address:**

**Phone Number:**

**Please, attach the following documents:**

- Certificate of Incorporation or Articles of association
- Institution Owner/Delegate's ID or Passport.
- Certificate of Incorporation of the Parent Company in case of society branches.

I hereby declare under my own responsibility that I am qualified to sign this application. Once I receive confirmation of eligibility, I agree to pay the fee of 500 GPB for verification operations.

I also undertake to submit 4 reports on the operational areas below no later than 30 days from confirmation:

1. Academic Quality and Integrity
2. Teaching Staff Qualification
3. Delivery of Programs
4. Student Services

The 5th report on Website Design and Performance will be carried out by our IAB Lead Assessor upon due verification.

As the head of the institution, I declare that my application for accreditation is for:

1 year

3 years

5 years

Once the accreditation is awarded, I commit to pay the due amount within 10 days from IAB official communication.

I declare that I will pay in:

- single payment
- (10% discount)
- two monthly fees
- three monthly fees

**Date and Place:**

**Signature:**