

For office use:

ACCREDITATION NUMBER:

Membership Number:

Date In:

**AEAS ACCREDITATION SCHEME
REAPPLICATION FOR ACCREDITATION (NEW CYCLE)**

1. Company Particulars:

Company name and address:

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Tel no: _____

Fax no: _____

2. Licence Details

Agency Licence No: _____ Licence Expiry date : _____

Name of Licencee : _____

Licencee NRIC/PP no: _____

3. Company Profile

Is company (pls circle) sole proprietor partnership ltd company

Number of Branches :

Address	Contact Number	Staff Strength
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

4. Contact Person for Audit;

Name: _____ Designation: _____

Contact Number: _____

Signature :

Date

Please turn over for instructions