

**Application for Training Affiliates Registration**

Training Affiliate	
Address	
Tel / Fax / Email	
Contact Person	
Date	
Organisation Introduction	
Nature of Business	
BR/Registration/License No. (please attach a copy of certificate)	
Area(s) and Level(s) of Training Proposed	
Facilities	
Do you offer any Revenue/ Profit Sharing? (Yes or No)	
Remarks	
Chop & Signatory	

For Training Committee use only

Date	
Recommendation	
Remark	
Approval (Sign/Name/Date)	

For General Council use only

Date	
Comment	
Remarks	
Approval (Sign/Name/Date)	

For Secretariat use only

Acknowledge Date	
Actions	
Remarks	



Application for Training Affiliates Registration < Sample >

Training Affiliate	ABCD Training Institute
Address	Room 123, ABC Building, 56 Tai Man Street, HK
Tel / Fax / Email	23987640 / 26384948 / office@abcti.com
Contact Person	Mary Chan
Date	4/4/2014
Organisation Introduction	ABCD Training Institute is Labour Department approved training centre for mandatory safety courses.....
Nature of Business	i.e. non-profit / charity /commercial
BR/Registration/License No. (please attach a copy of certificate)	BR Nr. 12374646 / LD Nr. 836839L / XX Cert. ju8369430
Area(s) and Level(s) of Training Proposed	Safety and environment internal auditing trainings / Mandatory safety trainings / BEAM practice
Facilities	
Do you offer any Revenue/ Profit Sharing? (Yes or No)	i.e. HKICM recommended sharing scheme, for reference only: 20% of the total tuition fee received will be levied by HKICM
Remarks	
Chop & Signatory	

For Training Committee use only

Date	
Recommendation	
Remarks	
Approval (Sign/Name/Date)	Training Committee Chairman

For General Council use only

Date	
Comment	
Remarks	
Approval (Sign/Name/Date)	President / VP etc.

For Secretariat use only

Acknowledge Date	
Actions	
Remarks	