

Personal Details	
Name of Representative	
Residential Address	
Telephone Number	

Company Details	
Name of Company	
Type : Proprietorship/ Partnership / Pvt.Ltd.	
Authorised Head of the Company	
-Account Name / Title -Account Number	
Bank Name	

Office Details	
Name of Counselor/s	
Qualification (of each member)	
Experience (of each member)	

Address	
Telephone Numbers	
Fax Number	
E-mail ID	
Website URL	
Head office Contact Details	

General Information	
Name of one CRICOS registered Australian University or TAFE	
Has any of your staff attended any training or workshop	
Name of the EATC Certified Person in the Company	
EATC Number	
EATC certified person designation /position in the Company	

DECLARATION AND ACKNOWLEDGEMENT

I declare to the best of my knowledge that all the information supplied on and with this form is true and complete. I agree to abide by the rules and regulations set by AAERI Nepal, and I agree to follow the code of Ethics and other norms as formalized and announced. I also agree to the use and disclosure of information to Australian and Nepalese government agencies if required and vice-versa.

NAME : _____

DESIGNATION : _____

SIGNATURE : _____ DATE : _____



Company Seal

(Please ensure that this column is checked before mailing)

List of Items	Member	Checked by AAERI Nepal
Attested copy of representation certificate from Australian University / TAFE		
Copy of EATC certificate		

Account Details

AAERI Nepal
 Nepal Investment Bank Ltd.
 A/C 01201020262429
 Putalisadak

Contact Details

AAERI Nepal
 Alfa Beta Complex
 Kathmandu, Nepal
 T: +977 1 4780123
 E: info@aaerinepal.com
 W: www.aaerinepal.com

Office Use Only

Application processed and certified by : _____

Date : _____

Comments : _____
