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**World Council For Regular and Distance Education**

Application for Accreditation by  
WCRDE  
World Council For Regular and Distance Education

**Accreditation APPLICATION FORM**

**NEW AGENCY MEMBERSHIP APPLICATION FORM**

**AGENCY MEMBER INFORMATION**

**AGENCY MEMBER NAME:**  
**AGENCY MEMBER COMPANY NAME:**  
**DATE:**

**ADDRESS:**

**CITY:**  
**STATE/PROVINCE:**  
**POST CODE:**  
**COUNTRY:**

**PHONE:**  
**FAX:**  
**EMAIL:**  
**MOBILE NO. :**  
**WHATSAPP NO. :**

**COMPANY WEB ADDRESS:**

**FACEBOOK :**  
**TWITTER :**  
**LINKEDIN :**

**PRINCIPAL CONTACT AND TITLE:**

**PRINCIPAL CONTACT'S EMAIL:**

**PRINCIPAL CONTACT'S MOBILE:**

**NUMBER OF STAFFS IN COMPANY:**

**EXPERIENCE DEALING WITH SCHOOL/COLLEGE/UNIVERSITY:**

## REFERENCES AND BANKING INFORMATION

### REFERENCES

Please give the names of two people willing to write in support of the Agency Membership application for membership. At least one should be able to provide a personal reference for the Applicant.

Company/School/College/University Name:	Address & Mobile No. :
VC/Director/Principal/Designate's Name:	Email:

Day	Month	Year

\_\_\_\_\_  
Signature

School/College/University Name:	Address & Mobile No. :
VC/Director/Principal/Designate's Name:	Email:

Day	Month	Year

\_\_\_\_\_  
Signature

### PLEASE LIST BANK INFORMATION:

**BANK NAME:**  
**BANK PHONE NUMER/MOBILE:**  
**BANK CONTACT NAME:**  
**BANK ACCOUNT NUMBER:**

## AGENCY MEMBERSHIP SERVICE

**NUMBER OF YEARS IN BUSINESS:**  
**NUMBER OF SALES EMPLOYEES:**  
**ANNUAL REVENUE (SPECIFY CURRENCY):**  
**TERRITORY:**

**PLEASE STATE HOW YOU PLAN TO MARKET AND PROMOTE WCRDE:**

**PLEASE LIST THE TRADE SHOWS YOUR COMPANY ATTENDS EACH YEAR:**

**HOW MANY WCRDE CERTIFICATONS DO YOU EXPECT TO SELL/ISSUE IN THE NEXT THREE MONTHS?**

**FOR WCRDE INTERNAL USE**

**WCRDE representative:**

**Target Markets:**

**Type of Agency (general/specific market):**

**What other similar products/services does the Agency Member sell?**

**Specify Territory the Agency Member will sell in:**

## Application for Agency Membership by the World Council For Regular and Distance Education (WCRDE)

**Declaration:** (To be made by the Chairman/Director)

1. I declare that to the best of my knowledge the Agency membership, of which I am Chairman/  
Director, is financially stable and that I am able to meet my commitments in all terms.
2. I declare that the information provided in this application is correct and all supporting documents are  
genuine and accurate.
3. I am prepared to accept the final decision of WCRDE as to the outcome of this application.
4. I agree to indemnify WCRDE against all claims, demands, expenses and complaints arising from  
inaccuracies in the information given by me above.
5. I agree to inform WCRDE of any changes in the ownership of the Agency Membership or senior  
management.
6. I accept that the term "WCRDE Member Agency Member" means that my Agency Member is a  
member of WCRDE, and I undertake not to represent my Agency Membership as enjoying this  
authorization before it has been granted nor after it has been withdrawn or suspended.
7. I understand that failure of continuing compliance with the agency membership criteria may lead to  
the removal of my Agency membership by WCRDE.

Signed:

Date:

Name:

Position / Title:

For and on behalf of (name of agency member):