



HONG KONG INSTITUTION OF CERTIFIED AUDITORS

The Secretary of HKICA

Room 108, 1/F Sun Ling Plaza, 30 On Kui Street, Fanling, New Territories

Tel: 2789 2389, Email: info@hkica.org Website: <http://www.hkica.org>

APPLICATION FORM AS APPROVED TRAINING ORGANIZATION

Name of Applicant Organization: _____		
Contact Details for Correspondence with HKICA		
Name of nominated contact within the organization: _____		
Position of contact within the organization: _____		
Address: _____		

Postal Code: _____	Telephone: _____	
Fax: _____	Email: _____	
Contact Details to be uploaded to the HKICA's website as list of Approved Training Organizations for public access.		
Address: _____		

Post Code: _____	Telephone: _____	Fax: _____
Email: _____	WebPage: _____	
Has your organization had an application rejected or certification refused, withdrawn or suspended by another Training Certification Association?		
No <input type="checkbox"/> Yes <input type="checkbox"/> Give details: _____		

Any certification or approval from another Training Certification Association? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name of Training Certification Association, if yes: _____		
First certification/approval date: _____		
No. of training establishment(s) applied for approval: _____		
Fee enclosed (amount) (Schedule of fees is detailed in HKICA05''): _____		
Payment method: Cheque <input type="checkbox"/> No.: _____ On-line Credit card <input type="checkbox"/>		
Authorised Signatory (if different from contact):		
Name: _____ Position within the organization: _____		
Signature: _____ Date: _____		



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FOR SECRETARIAT USE ONLY:

PREMISES AND FACILITIES REQUIREMENTS

Insurance and safety Document review ☐ On-site ☐ Yes ☐ No ☐

Classroom facilities Document review ☐ On-site ☐ Yes ☐ No ☐

QUALITY REQUIREMENTS

Control of documents Document review ☐ On-site ☐ Yes ☐ No ☐

System of examination Document review ☐ On-site ☐ Yes ☐ No ☐

RECOMMENDATION

Overall comments: _____

Training organization is recommended to be approved Yes ☐ No ☐

No. of training establishments recommended for approval: _____

Training establishments not recommended: _____

Team Leader:

Signature :

Other team member:

Signature :