**Expression of Interest Form**

|  |  |
| --- | --- |
| Reference Number (ECITB use only) |  |
| Company Name:  |  |
| Company Registration Number: |  |
| Complete Address: |  |
| Location of where the training would take place (if different to the main address)  |  |
| Do you have any other additional locations? If so, where?  |  |
| Telephone Number: |  |
| Website: |  |
| Name of the Main Contact: | Full Name: |  |
| Position: |  |
| Email: |   |
| Contact Number: |  |
| Withholding Tax Information | 1. Is your company subject for Withholding Tax? Yes or NoAns:2. If yes – how much the company withhold for taxes and for what services?Ans: |
| ECITB Products of Interest |  |
| Please provide company profile and a brief summary of why you would like to offer ECITB courses/tests/ qualification(s) |  |
| Potential Customers/ In-House Delivery | External Customers Yes/No* Guaranteed Customers
* Potential Customers
* Potential number of learners
 |  |
| In- House Delivery* Potential number of learners
 |  |
| I confirm and declare that I am authorised by the Applicant to supply the information given above and to request Licenced Centre approval and at the date of signing, the information provided is a true and accurate record to the best of my knowledge. |
| **Name:****(Please print)** |  | **Position:** |   |
| **Signature:** |  | **Date:** |  |
| **For ECITB use** |  |
| **Name:** | **Tristan Kemp** | **Position:** | Head of Commercial |
| **Signature:** |  | **Date:** |  |