**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 No  Ans:  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:** |  | |