

ID PHOTO OF
DIRECTOR/CEO



CYPRUS INSTITUTE
of **MARKETING**
LTD. | REG. BRITISH VIRGIN ISLANDS
THE GLOBAL BUSINESS UNIVERSITY

APPLICATION TO BECOME AN APPROVED LOCAL TUITION CENTRE

DETAILS OF INSTITUTION:

Name of Centre:	
Business Address:	
Town:	Postcode:
Country:	Email:
Phone No.:	Fax No.:
Year of Establishment:	Number of Students:
Programmes Offered:	Academic Collaborations with other Institutions:

DETAILS OF DIRECTOR/CEO OF INSTITUTION:

Full Name:	Position in Company:
Date of Birth:	Nationality:
Mother Language:	Other Languages:
EDUCATION (IN CHRONOLOGICAL ORDER): Year / Qualification Obtained / Awarding Institution	PROFESSIONAL EXPERIENCE: Year / Name of Organisations / Position

1. DO YOU OR YOUR INSTITUTION REPRESENT ANY OTHER COLLEGES OR UNIVERSITIES?
YES / NO

2. IF YES, PLEASE NAME THEM BELOW

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3. OUTLINE YOUR STRATEGY AS TO HOW YOU INTEND TO PROMOTE THE CYPRUS INSTITUTE OF MARKETING (BVI) IN YOUR AREA

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4. PLEASE GIVE BELOW THE NAMES & ADDRESSES OF TWO REFEREES
ONE OF THEM MUST BE YOUR BANKER TESTIFYING ON YOUR INSTITUTE'S FINANCIAL SOUNDNESS. THE OTHER MUST GIVE REFERENCES AS TO YOUR HONESTY AND INTEGRITY. (NOTE: BOTH REFERENCES MUST BE SENT TO THE INSTITUTE **DIRECTLY** BY EMAIL TO info@cimabvi.com)

1ST REFEREE CONTACT INFORMATION (BANKER):

Full Name:	
Position:	Bank:
Email:	Tel. No.

2ND REFEREE CONTACT INFORMATION:

Full Name:	
Profession:	Company/Institution:
Email:	Tel. No.

5. DECLARATION: I hereby declare that the above information is correct.

Signed: Date:

PLEASE RETURN YOUR COMPLETED APPLICATION FORM BY COURIER ATTACHING THE FOLLOWING DOCUMENTS:

1. ACADEMIC CERTIFICATES AND EXPERIENCE CREDENTIALS OF DIRECTOR/CEO
2. A RECENT PROSPECTUS OF THE INSTITUTION
3. A LIST OF TEACHING FACULTY
4. RECENT PHOTOS OF PREMISES AND FACILITIES

OFFICIAL USE ONLY:

Received by:

Any Documents Missing? Any other Comments:

Date: Signed:

Decision of Senate: Contract offered (Terms & Duration):