



WCEI APPLICATION FORM FOR PERSONAL CERTIFICATION

PERSONAL - (all fields are required !)

| | |
|--------------------------------|--|
| Title(s): | |
| Initial(s): | |
| Infix: | |
| Surname: | |
| Address: | |
| Postal code: | |
| Place: | |
| Country: | |
| Phone: | |
| Fax: | |
| Website: | |
| Email: | |
| Mobile / cell: | |
| V.O.I.P. name: | |
| Gender: | |
| Date of birth: | |
| Place of birth: | |
| Country of birth: | |
| Nationality: | |
| Number passport: | |
| Number identity card: | |
| Number driving license: | |





WCEI APPLICATION FORM FOR PERSONAL CERTIFICATION

BUSINESS - (all fields are required !)

| | |
|-------------------------------------|--|
| Company: | |
| Name CEO: | |
| Name CFO: | |
| | |
| Physical address: | |
| Postal code: | |
| Place: | |
| Country: | |
| | |
| Postall address: | |
| Postal code: | |
| Place: | |
| Country: | |
| | |
| Phone: | |
| Fax: | |
| Internet: | |
| Email: | |
| Mobile / cell: | |
| V.O.I.P. name: | |
| Number chamber of commerce: | |
| Place chamber of commerce: | |
| Country chamber of commerce: | |





WCEI APPLICATION FORM FOR PERSONAL CERTIFICATION

APPLICATION

The undersigned person applies for certification as:

| | |
|--|---|
| | ASSOCIATE PERSONAL CERTIFICATION |
| | WCEI registered associate ADR Practitioner® |

| | |
|--|------------------------------------|
| | FULL PERSONAL CERTIFICATION |
| | WCEI registered ADR Practitioner® |

| | |
|------------------------------|--|
| | CERTIFICATION CATEGORY |
| Certification scheme: | WCEI registered associate ADR Practitioner® |
| | WCEI ADR Practitioner - Arbitrator |
| | WCEI ADR Practitioner - Mediator |
| | WCEI ADR Practitioner - Negotiator |





WCEI APPLICATION FORM FOR PERSONAL CERTIFICATION

CERTIFICATION FILE

Check the specific checklist for all compulsory documents.
Attach all compulsory documents to this application form.

CERTIFICATION DECLARATION

I, the undersigned person, declare, **(please select and confirm all fields!)**

| | |
|--|---|
| | I apply for the WCEI certification and registration |
| | I will pay the once only entrance fee |
| | I will pay the annual registration fee |
| | WCEI has my full and unconditional permission to publish my <u>business</u> details in the WCEI public register at www.w-c-e-i.com |
| | WCEI has my full and unconditional permission to register all my personal and business details in the non public WCEI files |
| | I will fully fulfil and comply with all WCEI documents, guidelines, regulations and rules |

CONFIRMATION AND SUBSCRIPTION - (all fields are required !)

| | |
|-------------------|--|
| Name: | |
| Place: | |
| Country | |
| Date: | |
| Signature: | |

SUBMIT THIS FORM

Digital copy per email info@w-c-e-i.com

Send the hardcopy of this form + all required attachments to:
NV WCEI - P.O. Box 2082 - NL 2800 BE Gouda - Netherlands

Thank you ! NV WCEI contacts you shortly.





WCEI APPLICATION FORM FOR PERSONAL CERTIFICATION

ISO 9001 : 2008 STATEMENTS

List of version numbers

| Version | Active per | Expired per | Status | Reference |
|---------|------------|-------------|--------|-----------------------|
| 1 | 01.08.2010 | n.a. | valid | WCEI Board 31.07.2010 |

List of changes

| Version | Changes | Specification |
|---------|--------------|---------------------------|
| 1 | New document | Introduction new document |

