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| **Candidate’s** |  **Photograph** |
| **ID No / Passport No** |  |
| **Name & Surname** |  |
| **Date of Birth** |  |
| **Education Status** |  Associate Undergraduate Master Doctorate Other  |
| **University Graduated (Faculty and Department, Graduation Year)** | *Undergraduate:**Postgraduate:* |
| **Title / Profession** |  |
| **Language Abilities** | *Specify language:* Advanced Upper Intermediate Intermediate*Specify language:* Advanced Upper Intermediate Intermediate |  Beginner Beginner |
| **Employment Status** |  Working (fill in the bottom) |  Does not work  |
| **Workplace Name:****Workplace Address: Working Duration:** |  |
| **Candidate's Correspondence Address** |  |
| **Fixed Phone №:** |  | **Mobile Phone №:** | **E-mail address:** |
| **The Training To Be Applied** |
| **Subject\*** | Technical Training for Halal Conformity Assessment Professionals | **Duration\*** | 4 days |
| **Date\*** | June 10th–13rd, 2024 | **Place\*** | Online (Microsoft Teams) |
| **Institutional Tax Number\*\*** |  | **Payment Status\*\*\*** |  Paid / Receipt No: … … … |
| **I Fully Filled This Application Form Accordingly.****Date and Signature:** | **Name and Surname: Date and Signature:** | **Reviewing Staff\*** |
| **Descriptions:** |
| **1-** All questions will be answered fully and clearly. |
| **2-** Answers will be indicated by putting them in the selection boxes (X). |
| **3-** The requests of those who leave one or more of the questions unanswered will not be considered. |
| **4-** Those who are found to have made false statements will not be admitted to the training. |

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| **\***  To be filled by the Agency. |
| **\*\*** The Halal Accreditation Agency issues an Accounting Transaction Slip for the trainings it provides as it is exempt from the obligation of issuing invoice. In this framework, if there is a need for documentation regarding the training payment, a signed and sealed Accounting Transaction Slip will be issued and sent to the applicant, if the corporate tax number is stated in the application form. |
| **\*\*\* Information Regarding the Account to Make Payment****Bank:** T.C.Ziraat Bankası Ankara Mustafa Kemal Mahallesi Branch**Branch Code:** 2486**Bank Account №:** 86403438-5002**IBAN № (USD):** TR 59 0001 0024 8686 4034 3850 03**NOTE: In the explanation part of the receipt, “Name Surname – ID/Passport No, Mobile Phone No, HAK – *(Training name)* Tuition Fee” statement will be written.** |