|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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\*** | October 21-24, 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 Bankasi 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.** |