



**AUTORITI KAWALAN BANGUNAN DAN INDUSTRI PEMBINAAN (ABCi)**  
**KEMENTERIAN PEMBANGUNAN, NEGARA BRUNEI DARUSSALAM**  
 AUTHORITY FOR BUILDING CONTROL AND CONSTRUCTION INDUSTRY (ABCi)  
 MINISTRY OF DEVELOPMENT, NEGARA BRUNEI DARUSSALAM

**REGISTRATION FOR TRAINING ORGANISATION**

**DETAILS OF TRAINING ORGANISATION**

Name of Training Organisation

Name of Applicant (Contact Person)

Address

Telephone number

Fax number

E-mail

**PROFESSIONAL/ TECHNICAL QUALIFICATIONS OF TRAINERS**

Please provide copies of supporting documentations e.g. CV and copies of certificates

NAME OF TRAINERS	NAME OF INSTITUTION	COURSE/SUBJECT	GRADE	DATE

**PROFESSIONAL EXPERIENCE**

Relating to conducting ISO 9000 and/or ISO 14000 training programmes

NAME OF TRAINERS	DATE		NAME OF ORGANISATION	DEPARTMENT	QUALITY RELATED RESPONSIBILITIES
	From	To			

**DECLARATION**

I certify that the statements contained in this Form are correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*(Continue on separate sheets, if necessary)*