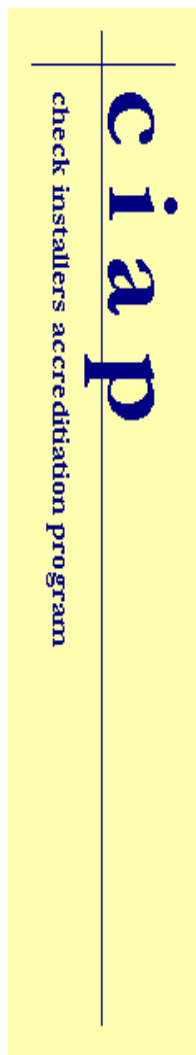


CheckEAM Installers Accreditation Program

Application Form

fram



Applicant Name: _____

Company Name: _____

Applicant email: _____

Postal Address: _____

I confirm that I am currently employed by the Company named on this form

Signature: _____

Charges (within Australia)

AUD \$ 500.00

Charges (outside Australia)

USD \$ 500.00

Completed application forms should be sent to:

CIAP Coordinator

Fram Business Solutions

PO Box 1150

Kensington

Victoria, 3031

Australia

Phone Number: +61 (3) 9372 3260

Fax Number: +61 (3) 9372 3261

email: ciap@fram.com.au

All payments to Fram Business Solutions Pty Ltd

National Australia Bank

BSB: 083-355 Acct No: 467681006

CIAP Coordinator Use Only:

Registered Business Partner

Applicant not already accredited

Reference number generated

Responses received within timeframe

Applicant advised of results

Payment received

Application form signed

Program issued to applicant

Responses more than 85% correct