



AMVS Application Form

1. Name of applicant (Name of organization).....

2. Address of the MICE Venue / Hotel

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Province.....Postal code.....Tel.....Fax.....

Email address.....Website.....

3. Details of the meeting room venue undergoing the AMVS audit

Name of the Meeting room.....

Building.....floor.....Number of Years in Operation.....years

Size of the meeting room (Width x Length x Height).....Meters

4. Capacity of the meeting room in persons:

.....persons in a classroom settingpersons in a theatre setting

5. No. of meeting venue employees..... Working day & time.....

6. In this certification, we would like to audit in the language

English Others please specify.....

7. Contact person

1) NamePosition.....

Tel.....Fax.....

Mobile phone.....E-mail address.....

2) NamePosition.....

Tel.....Fax.....

Mobile phone.....E-mail address.....

8. We certify that application including the Self-Assessment attached are true and up-to-date.

9. We will comply with the procedures and content of the AMVS Audit & Certification Manual.

Authorized Signature.....
(.....)
...../...../.....

Authorized Signature.....
(.....)
...../...../.....

Remarks

1. Authorized Signature is the person who has the name appeared in the commercial registered document of business.
2. If signed by authorized representative, please attach letter of Power of Attorney.

Please attach these specified documents for consideration:

1. Head office and other locations maps
2. A copy of affidavit of partnership and company registry office not exceeding 6 months

For Government Tourism Organization or National Assessment Committee's officer only

Document required for application:

- Complete
- Require additional documents

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Date of Application Review.....