**New Customer Form**

To be filled in by course providers who will be accrediting any of their courses for the first time and submitted to the AAB via email on accreditations@miamalta.org.

|  |  |
| --- | --- |
| Name of Company: |   |
| Address: |   |
| Contact Name: |   |
| Telephone number: |   |
| Mobile number: |   |
| E-mail address: |   |
| VAT Number: |   |
| Please tick whether the company is registered for VAT under article 10 | Yes No  |
| Signature  |  |