**CMDA- Institute of Corporate Directors and Secretaries**

**Sponsor’s Certification Form**

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| --- |
| Name of the sponsoring organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| Mr. Ms. Mrs. | Name of the sponsor: |
| Sponsor's Job Title: | Sponsor's Phone: |
| Department: | Sponsor's E-Mail Address: |

We, the undersigned, acting on behalf of the above-named agency where the applicant is employed, hereby sponsor the following applicant, confirm that the payment for the program will be borne by [name of the sponsoring organization] and certify the information below, together with the information supplied by the applicant on the Application.

Course Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Applicant’s Name** | **Applicant’s ID Number** |
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|  |  |

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

stamp

Address line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Island: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Atoll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Certifying Sponsor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_