**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](mailto:accreditations@miamalta.org).

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| --- | --- |
| 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 |  |