



This Document relates to a Training Establishment applying for Accreditation to offer a IUM certification in Make-up and Hairstyling

DATE OF APPLICATION: _____ (day/mth/yr)

NAME: _____

ADDRESS : _____

TEL: _____

FAX: _____

E-MAIL: _____

WEBSITE ADDRESS: _____

DATE OF THE CERTIFICATION: _____

NAME OF THE SCHOOL: _____

LENGHT OF THE EDUCATION: _____