



# International Entrepreneurs Association Membership Application Form

Holgrave House, 9 Holgrave Close, High Legh, Knutsford, Cheshire, Wa16 6TX, UK  
Website : <http://www.ibizea.co.uk> Email: [enquiries@ibizea.co.uk](mailto:enquiries@ibizea.co.uk)

## SECTION A : PERSONAL INFORMATION

### Organizational Information

Last Name: \_\_\_\_\_ First & Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Gender  Male  Female Status:  Single  Married

### Home Mailing Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

Please attach a  
passport sized  
photograph with  
your application

## SECTION C : ACADEMIC INFORMATION

TOEFL (Test of Foreign Language) \_\_\_\_\_ GRE(Graduate Record Exam) \_\_\_\_\_  
GMAT (Graduate Management Admission Test) \_\_\_\_\_ Others, please indicate \_\_\_\_\_

### College/University Records

Kindly list in chronological order. An official or certified copy of transcript to be provided.

Name of School	Location	Dates Attended	Degree and Date(earned or Expected)

## SECTION D: TYPE OF APPLICATION

Type of Application  New  Renew

## SECTION E : FOR ORGANIZATION

### Organizational Information

(Kindly complete this section for organization subscriptions. Otherwise, please proceed to section C)

Organization Name: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Business Area: (e.g.: financial services, etc) \_\_\_\_\_  
No of Employees:  50 and below  51 – 100  
 101 – 150  150 and above

### Mailing Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

**SECTION F : CONTACT DETAILS**

**Primary Contact Person / Personal Details**

Title (Mr./ Ms. /Mdm. / etc): \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Designation: \_\_\_\_\_ Department: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Working Roles: \_\_\_\_\_  
\_\_\_\_\_

**SECTION D : PAYMENT DETAILS**

**Payment Method**

- By cheque:  
Cheque no. \_\_\_\_\_ for \_\_\_\_\_ made payable to **Brentford Academy SDN BHD**
- By Cash: \_\_\_\_\_
- Remittance to our bank account (please attach remittance clip with the application and mail to:  
**Brentford Academy Sdn. Bhd.**  
3-3-8, Lorong Delima 20, Desa Mutiara,  
11700, Penang, Malaysia

**Bank Account Details**

Account Number: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
\_\_\_\_\_

Notes: (For Admission Office)  
\_\_\_\_\_  
\_\_\_\_\_

**Cancellations and Refund Policy:**

No refund is made for application Processing Fees or Registration Fees.

I certify the information given is complete and accurate to the best of my knowledge. The Admission Committee has the right to verify any and all parts of my application materials.

\_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date

**SECTION F : FOR ASSOCIATE CENTER USE**

Associate Center ID : \_\_\_\_\_  
Associate Center Name : \_\_\_\_\_

Associate Center Stamp:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION G : FOR OFFICE USE ONLY**

**Login Information:**

**Tracking Information:**

Login ID: \_\_\_\_\_ ID No : M \_\_\_ / L \_\_\_ / S \_\_\_  
Password : \_\_\_\_\_ Date Approved: \_\_\_\_\_  
Administrator: \_\_\_\_\_ Date Expired: \_\_\_\_\_