



Responsible Management Standard Association ESG Certified Training Partner Application Form

I would like to apply to be ESG Certified Training Partner for:

ESG Certified Professional * Program

ESG Certified Auditor * Program

ESG Certified Analyst * Program

Organization Details

Organization Name	<input type="text" value="Organization Name in English"/>				
Organization Name	<input type="text" value="Organization Name in Chinese if applicable"/>				
Organization Address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
City/Town	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Nature of Business	<input type="text"/>				
Leader's Name	<input type="text"/>	Number of Staff	<input type="text"/>		
Organization Phone No. & Fax No.	<input type="text"/>				
Contact Person Name	<input type="text"/>	Contact Person Position	<input type="text"/>		
Organization Website (if applicable)	<input type="text"/>	Organization Email Address	<input type="text"/>		



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Check-list

- i. A copy of Business Registration.
- ii. Track record in delivering high quality training programs in the field of ISO 9001, ISO 14001, OHSAS 18001, CSR, ESG reporting or related subjects.
- iii. Proven financial stability with audited accounts of statements for at least last three years.
- iv. Two experienced trainers should be certified for the course they will deliver.
- v. A clear marketing plan to promote RMSA training and certification programs.

Declaration

- I declare that I have been authorized by the organization /individual of this application.
- I attest to all the facts in this Application Form, and hereby declare that the information is true to the best of my knowledge.
- I understand the application need to be evaluated & final approved from RMSA, the authorization is granted based on demonstrated training expertise and commitment, as well as the institution's overall capability to provide quality training.

Authorized Signature : _____

Organization Stamp : _____

Name & Title : _____

Date : _____