



08. i. What are the other benefits provided for trainees?

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ii. Number of training programmes conducted for trainees during the year 2013;

Nature of programme	Number of Sessions

09. Kindly state any other information which may differ from the initial application submitted for approval.

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**Declaration**

I

Mem.No , Designation

of the organization confirm that I am authorized to sign this declaration on behalf of the organization and the information given in this form is correct.

In my opinion this organization provides adequate training for Certificate / Strategic Level trainees as specified by the Institute of Chartered Accountants of Sri Lanka.

I accept that the renewal of Approved Training Partner status is required every year and CA Sri Lanka may suspend the approval status in the event of failure to comply with the relevant criteria as a Training Partner.

Signature

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Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

