



Exhibition Venue Category

1. Details of Applicant:	
Name of organization:	•••

Website

The Exhibition Hall undergoing AMVS certification is within:

- Exhibition Hall Type 1 (55 Indicators)
- Exhibition Hall Type 2 (54 Indicators)

2. Address of the M	ICE Venue:	
•••••		•••
	Postal code:	••
Tel:	Fax:	
Email address:		
3. Details of the Ex	ibition Hall undergoing the AMVS audit:	
Name of the Exhib	ion Hall:	
Building	:	
Floor	:	

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The minimum weight support...... Kilograms per Square Meter

- 4. No. of venue employees: Working day & time :.....
- 5. In this certification, we would like to audit in the language
 - o English
 - Others please specify

6. Contact person

Name:
Position:
Tel: Fax:
Mobile phone:
E-mail address:
Name:
Position:
Tel: Fax:
Mobile phone:
E-mail address:

7. We certify that this application including the Self-Assessment attached are true and up-to- date.

8. We will comply with the procedures and content of the AMVS Audit & Certification Manual.

Authorized Signature

(.....)

...../...../

Authorized Signature

.....

(.....)

...../...../

Remarks

 Authorized Signature is the person who has the name appeared in the commercial registered document of business.
If signed by authorized representative, please attach letter of Power of Attorney.

Please attach these specified documents for consideration:

- 1. Head office and other location maps
- 2. A copy of affidavit of partnership and company registry office not exceeding 6 months

For Government Tourism Organization or National Assessment Committee's officer only

Document required for application: Complete

Require additional documents.....

Date of Application Review