



## **CANDIDACY DECLARATION FORM FOR FIREC DESIGNATION**

Please complete and return this declaration along with your **non-refundable** candidacy fee of €40 to the FIABCI Secretary General.

### **Applicant Information**

Name

FIABCI Member #  FIABCI Chapter

Mailing Address

City, State/Province

Zip/Postal Code  Phone (  )

Country

Email

### **Applicant Verification**

*I hereby certify that all of the information provided on this form is, to the best of my knowledge, true and correct. I will be in a violation of the FIABCI International Code of Ethics if I knowingly misrepresent myself.*

Applicant's Signature

Printed Name

Date (dd/mm/yyyy)  /  /

### **Payment Information**

Visa  MasterCard

Card Number

3 Digit CVV:  Exp. Date  /  Amount €40.00

Signature

Name as it appears on card

**For any questions regarding this application, please contact the  
FIABCI Secretary General at [fiabcihq@fiabci.org](mailto:fiabcihq@fiabci.org)**