



8. References

The following two ICPAC members, having personal knowledge of the applicant, support this application for registration as a Member of ICPAC, confirm the good character of the applicant and confirm that, to the best of their knowledge, the information contained in this application form is correct and precise:

Referee 1

Name and surname

Registration No.

Address

Telephone

Fax

E-mail

Position / profession

Employer's name

By my signature, I declare responsibly that:

- (a) all my obligations towards ICPAC are settled,
- (b) hereby provide my express consent to be contacted by ICPAC via email, post, sms or call, in relation to the provision of references for the person applying herein to become a member of ICPAC.
- (c) I declare that I support this application based on my personal knowledge and opinion for the applicant.

Signature Date



Referee 2

Name and surname

Registration No.

Address

Telephone

Fax

E-mail

Position / profession

Employer's name

By my signature, I declare responsibly that:

- (a) all my obligations towards ICPAC are settled,
- (b) hereby provide my express consent to be contacted by ICPAC via email, post, sms or call, in relation to the provision of references for the person applying herein to become a member of ICPAC.
- (c) I declare that I support this application based on my personal knowledge and opinion for the applicant.

Signature Date