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| **Registration Form** |  | **IQC Security Consultancy** Reg: Ermont, FranceSIRET: 89346134300012VAT: FR16893461343NDA: 11950819695 |
| IQC.CT.25 | V.25.01 |
| Submit to: iqcslpc@gmail.com | **www.iqcsecurityconsultancy.fr** |

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| **Course Name**(Please Check the Box) | [ ]  ASIS Certified Protection Professional (CPP)[ ]  ASIS Physical Security Professional (PSP) [ ]  ASIS Professional Certified Investigator (PCI) [ ]  ASIS Associate Protection Professional (APP)[ ]  ISACA Certified Information Security Manager (CISM) [ ]  ISACA Certified Information Systems Auditor (CISA)[ ]  ISC2 Certified Information Systems Security Professional (CISSP)[ ]  PMI Project Management Professional (PMP) |
| **Participant Name** |  |
| **Expected Date of Start** |  |  [ ]  Self Funded | [ ]  Sponsored |
| **Do you fall in the category of a differently able?** |  [ ]  Yes [ ]  No |
| **Name of the Organization** |  |
| **Current Role** |  |
| **Address** (Invoice will be issued to this address) |  |
| **Email Address** (all course materials will be sent to this address) |  |
| **Contact Number**  | (We prefer with WhatsApp) |
| **Do you want to be part of IQC Security Placement Service?**  | [ ]  Yes [ ]  No |
| **Do you want to claim IQC Academy Free Membership for 1 year?**  |  |
| **Total years of Experience**  |  |
| **Participant Acknowledge**  | * IQC will use this information for its official record.
* IQC commits to offering official training support for a duration of 6 months.
* All study materials furnished by IQC, whether online or in digital format, are considered the intellectual property of IQC. Unauthorized sharing of information with third parties is deemed illegal and may result in the cancellation of enrollment.
* The majority of the training materials are accessible online, and participants are expected to be comfortable with online-based study.
* **The course fee is non-refundable**.
* IQC reserves the right to use my success story as its portfolio on its website /social media.
* This course will be considered as **“Consultancy for the Certification Exam”** and the agreement is attached to this form.
 |
| **Please put your Signature** (In any form) |  |
| **Date of Signature** |  |



**Consultancy for the Certification Exam Agreement**

This Consultancy Agreement ("Agreement") is entered into on [Please Put Date], between **IQC Security Consultancy**, hereinafter referred to as the "**Service Provider**," and [**Participant Name**], herein referred to as the "**Client**." Both parties agree to the following terms:

**Article 1: Object of the Contract and Missions of the Service Provider**
The Service Provider agrees to provide certification exam consultancy services as specified by the Client in the registration form.

**Article 2: Modalities of Mission Execution**2.1 The Service Provider undertakes to carry out the mission defined in Article 1 with the utmost professionalism, complying with applicable legal and regulatory provisions, and adhering to relevant standards and procedures. The Service Provider commits to mobilizing the necessary means for the successful execution of the mission.

2.2 The Client agrees to fully cooperate with the Service Provider to facilitate the best possible execution of the assigned mission.

**Article 3: Duration of the Contract**The duration of this contract is 6 months from the date of signing the form.

**Article 4: Renewal of the Contract**This contract will not be automatically renewed unless there is an express and mutual decision between the Service Provider and the Client to renew it.

**Article 5: Remuneration**The remuneration for these services will be paid by the Client as mutually agreed upon, referred to as the "Consultancy (Course) Fee."

**Article 6: Compliance**The Client will duly comply with the terms acknowledged in the forms, and the Service Provider will also comply with any terms that have been signed and acknowledged during vendor registration.

**Article 7: Governing Law**This Agreement is subject to French law.

Name of Service Provider: [**IQC Security Consultancy**]
Signed by:
Date:

Name of the Client: [Participant Name]
Date: [Date]

**This Agreement must be furnished with the duly filled registration form V.24.01 by the client.**