

REGISTRATION FORM FOR INTERNATIONAL EDUCATION QUALITY ASSURANCE  
AGENCIES ENTERING SERVICES IN MONGOLIA

Official name of the organization:  
(original language spelling)

English spelling:

Year established:

Main location (country, city):

Field of specialization:

Enclose **copy of your entity's  
original registration certificate**  
with official name on it.

Submit **official letter of request  
for registration** done on entity's  
letter head blank

Organization's contact  
information: address, phone, e-  
mail:

For questions and inquiries, please contact: (976) 70109391, [accmon@mongolnet.mn](mailto:accmon@mongolnet.mn);  
[batsuuri@accmon.mn](mailto:batsuuri@accmon.mn)

*By signing this form, I certify that above information given are true and correct and I agree to abide by the laws governing education quality assurance in Mongolia and rules and regulations by Mongolian National Council for Education Accreditation. I agree that failure to comply with these laws, rules and regulations will result in the dismissal of my organization's right to operate in Mongolia.*

\_\_\_\_\_  
*Name of the official representing the organization*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*