



# INDIAN INSTITUTE OF ARBITRATION & MEDIATION

## IIAM CERTIFIED LEGAL AUDITOR EMPANELMENT FORM

### PROFILE

Name	
Age	
Address	
Telephone(s)	
Fax / Email	
Mobile	
Nationality	
Qualification	
Occupation	
Expertise**	
Completed CLA training On (dd/mm/yy) From (Institution / DE)	

The facts stated above are correct. I have read and understood the terms and hereby agree to be bound by its terms.

Date:

Signed by:

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\*\* Attach separate sheets if required

#### Terms & conditions:

- Empanelment will be for a period of three years, after successful completion of CLA Training program and renewable after CPD.
- If the CLA does not recertify, the certification will lapse and the auditor will no longer be entitled to act as CLA.
- The Audit authority may suspend the certification of a CLA for any proved unethical or unprofessional behaviour, either before or during the process of audit or on repeated complaints or negative feedbacks received from the audit clients.
- The Auditor service will be in accordance with iCLA Audit Manual and the CLA will be bound by the terms of the Manual.
- Details mentioned in the form may be displayed in the IIAM website.
- Approval and Renewal of membership will be the sole discretion of IIAM
- Duly filled up Empanelment Forms can be sent by mail to the nearest IIAM center.