



AIAC Accreditation Application Form for African Owned and Run Businesses

The African Institute for Accreditation and Compliance (AIAC) was established to empower African enterprises, institutions, and organizations—particularly those with a development-oriented or ethical mission—to build public trust through transparent, accountable, and sustainable practices. In a rapidly evolving continent where governance, quality, and compliance are pivotal to development, AIAC champions integrity, harmonized standards, and a culture of accountability across sectors.

Grounded in principles of stewardship, equity, and sustainable impact, AIAC exists to help organizations demonstrate their commitment to ethical leadership, effective governance, and alignment with regional and international benchmarks. Our guiding conviction is that Africa's progress depends on trusted institutions that uphold measurable, consistent, and transparent standards.

AIAC welcomes applications from legally registered African-owned entities—including NGOs, businesses, academic institutions, and social enterprises—that have been operational for at least one year and demonstrate tax compliance and a commitment to sustainable development.

✓ Accreditation Validity & Renewal:

AIAC accreditation is valid for one year. Accredited entities are required to undergo an Annual Review and submit a renewal application with relevant compliance documentation and a standard renewal fee.

🔒 Seal of Trust:

The AIAC Seal of Accreditation is a mark of quality, credibility, and commitment to harmonized standards. It remains the intellectual property of AIAC and may only be used by entities in good standing and full compliance with AIAC standards.

AIAC ACCREDITATION APPLICATION FORM FOR AFRICAN
OWNED AND RUN BUSINESSES PLEASE
READ ALL DIRECTIONS CAREFULLY

Name of Company _____

(Please insert details exactly as you want them published in the AIAC accredited organization list and on the website after approval).

Date Founded _____

Physical Address _____ Mailing address _____

City _____ State/Country _____ Postal Code _____

Phone _____

Organization's Email _____ Tax _____

Reference Number _____

Company's top leader _____

(Company's top leader per the organizational chart (not necessarily the highest paid) such as the CEO, president, executive director, or comparable position.)

Full Name _____ Prefix _____

(Mr., Mrs., Dr., etc.) _____ Title (CEO, Pres., etc.) _____ Phone _____

_____ Email address _____

Application contact person

(This is the individual who will receive a copy of the application, and who will be contacted if AIAC wants more information regarding your application.)

Full Name _____ Prefix _____

(Mr., Mrs., Dr., etc.) _____ Title (CEO, Pres., etc.) _____ Phone _____

_____ Email address _____

Additional Contact Information (*Chief financial officer, or similar position*)

Full Name _____

Prefix (Mr., Mrs., Dr., etc.) _____ Title (CFO, V.P., etc.) _____

Phone _____

_____ Email
address

_____ ***(The
information*

*given here is for internal use only — AIAC will not publicize) ***

Operational Overview

Please describe the activities of your company in 100 words or less. This should clearly demonstrate how the nature of your business. However, AIAC understands that the description may need to be more generic for organizations with international programs. This description will be used in response to any requests for information about your company unless you provide an alternate description of activities for publication purposes.

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African Institute for
Accreditation and
Compliance
(AIAC)

Mission	
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Vision	
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Does your organization have subsidiaries?

Yes No

If yes, list subsidiaries here below.

Name of the subsidiary	Location

Company Name
Please enter the board member details of all board members. Indicate the information for the board

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List of Board Members

[illegible]



Summary of required documents

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> One time application fee of 465\$ as per the membership plan you are applying for, refer to the fee structure on the website downloads. <input type="checkbox"/> Completed and signed AIAC application form. <input type="checkbox"/> Recent letters of reference from either; one of your donors/ Granter, or current AIAC accredited members, and partners. <input type="checkbox"/> A scanned copy of your certificate of Incorporation. <input type="checkbox"/> The company's profile if available. <input type="checkbox"/> Copy of most recent financial statements Annual Report. <input type="checkbox"/> Provide applicant identity document e.g. National ID Card, Driving License, Passport <input type="checkbox"/> Tax exemption certificate (if applicable) | |
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14

(**All documents are to be submitted in PDF format, if possible, to info@aiacinstitute.org / applications@aiacinstitute.org or WhatsApp +1 (520) 473-4353

How did you learn about AIAC? *(Tick all the applicable options below)*

- ☐ AIAC's Website
- ☐ AIAC's Forum/conference
- ☐ Other Conference/Convention (which one?) ☐
- Current AIAC Accredited Organisation/Company ☐
- Referral body .
- ☐ Radio / TV
- ☐ Donor
- ☐ Other *(specify)*



Statement of Compliance

As an organization applying for accreditation by the African Institute for Accreditation and Compliance (AIAC), we affirm that all information provided in this application and its accompanying documentation accurately represents our operational, financial, and governance practices.

We further affirm our commitment to uphold the principles, standards, and values promoted by AIAC, including transparency, accountability, and sustainable development. We agree to abide by the terms and conditions outlined in the AIAC Letter of Engagement, governing both the application process and our ongoing relationship with AIAC upon accreditation.

We understand that accreditation is contingent upon our continued compliance with AIAC standards and that any misrepresentation or breach of compliance may result in the suspension or revocation of our accreditation status.

By signing, you acknowledge your affirmation of the Statement of Compliance.

Name of applicant _____

Company's Name _____

Date _____

Signature _____