



Chartered Institute of Housing Cymru
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TENANT EMPOWERMENT GRANT SCHEME

APPROVED TEG AGENT REGISTRATION

Name of Organisation

Address

Tel: _____ Fax: _____

e-mail: _____

Contact

STATEMENT: Please briefly describe the knowledge, skills and experience that qualify you to act as an Approved TEG Agent to apply for Tenant Empowerment Grants on behalf of tenant groups. Please continue of a separate sheet if necessary.

Signed

Date

Please return to CIH Cymru by e-mail to liza.fleming@cih.org by fax to 029 2076 5761 or by post to the address at the top of this form.