



The Forensic Certified Public Accountant Programme

2019 Registration Form

REGISTRATION INFORMATION

Name: _____

Position: _____

Address: _____

Company: _____

Phone: _____ Cell: _____

Email: _____

REGISTRATION TYPE

Registration Fee

Programme for Full Designation

Certificate Programme (Please tick desired certificate paper you are registering for)

Paper 1 – FRD 510: Principles of Fraud & Corporate Fraud Certificate

Paper 2 – FRD 508: Forensic & Investigative Accounting Certificate

Paper 3 – CRM 504: Criminal Interrogation & Confessions Certificate

Paper 4 – FRD 506: Financial Investigation & Forensic Accounting Certificate

METHODS OF PAYMENT

Bank Draft

Wire Transfer

Credit Card (Via PayPal)

Make Payment Payable to: CIFA Consulting Limited

Wire Transfer Instructions (USD)

Corresponding Bank: JP Morgan Chase Bank

270 Park Avenue New York City

NY 10017,

ABA - 021000021

SWIFT CODE: CHASUS33

Beneficiary Bank: Scotiabank T&T Limited

Swift Code: NOSCTTPS

Branch Address: Starlite Shopping Plaza, Diego Martin

Account #: 4009568 TRANSIT: 74625

Beneficiary Name: CIFA Consulting Ltd

Address: 9 - 11 Fitt Street, Woodbrook, Port of Spain

FOR REGISTRATION

Contact: Caribbean Institute of Forensic Accounting (CIFA)

Telephone: 1 868 224 3478 Fax: 868 623 6529 Email: info@cifa-edu.com