

The Forensic Certified Public Accountant Programme

2020 Registration Form

REGISTRATION INFORMATION

Name: _____

Address: _____

Position: _____

Company: _____

Phone: _____ Cell: _____

Email: _____

QUALIFICATION TYPE

Accountant

License No: _____

Qualifying Accountant

Non Accountant

Other:

REGISTRATION TYPE

FCPA Designation

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

Paper 1 – FRD 510: Principles of Fraud Examination

Paper 2 – FRD 508: Forensic and Investigative Accounting Certificate

Paper 3 – CRM 504: Criminal Interrogation and Confessions Certificate

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

METHODS OF PAYMENT

Cheque

Direct Deposit

Credit Card (Via PayPal)

Make Cheque Payment Payable to: CIFA Consulting Limited

Make TTD Transfers /Deposits To: TT Scotiabank Limited (Diego Martin)

Account Number: 1203612 Transit Code 74625

DIETARY PREFERENCE

Please indicate your choice of refreshment

Chicken

Fish

Vegetarian

Vegan

FOR REGISTRATION

Submit your registration form to Email: info@cifa-edu.com