



Canadian Chartered Institute of Finance and Accountancy

## WORKSHOP APPLICATION FORM

\*Please complete the form below in Block letters

**I would like to apply workshop for :**

- Management Accounting of Intangible Assets

### Session A – Personal Details

Gender :  Male  Female

Preferred Title  Mr  Mrs  Ms  Dr.  Prof.

Name in English

Date of Birth ( dd/mm/yy)

Country of Birth

ID no/passport no.

Place of Issue

Nationality

Country of Residence

Mobile Phone No.

Personal E-Mail Address

### Session B – Company Details

Company Name

Company Address

Nature of Business

No. of Staff

Company Email Address

Company Phone No.

Company Fax no.

Contact Person Name

Contact Person Position

### Session C – Academic Qualification

Name of Educational Institute	Qualification Awarded	Date of Award

### Session D – Employment Details

From (dd/mm/yy)	To (dd/mm/yy)	Name of Employer	Wok Location	Position Held

### Session E – Payment Methods

BY BANK

支票付款抬頭：

專業培訓認證學會有限公司 或 Certified Institute of Professional Training Limited

Banker: The Hong Kong and Shanghai Banking Corporation Ltd

Account No.: 004-049-690795-001

(煩請把有關入賬收條 email 到 [certinstitute.optltd@gmail.com](mailto:certinstitute.optltd@gmail.com) 專業培訓認證學會會計部收)

If you have any further enquiries, please feel free to call (852) 35231480

#### General Notes to Applicants

1. Course fee paid are not refundable except as statutorily provided or under very exceptional circumstances (e.g. course cancellation due to insufficient enrolment).
2. Please refer to the official website for full details for each program/course.

## Session F – Declaration

1. I declare that all information given in this application form and attached documents are, to the best of my knowledge, accurate and complete.
2. I authorize the institute to obtain, and the relevant authorities to release, any information about my qualifications and/or employment as required for my application.
3. I have noted, understood and agree to the contents of the above notes, statement on collection of personal data's and CCIFA policy on personal data (privacy).

Signature \_\_\_\_\_ Date: \_\_\_\_\_