

# **Enrollment form for the part time course CAT**

Please complete this form in capital and send to the address indicated above.

Personal data student						
Title (Mr./Mrs./Miss)						
First name(s)	:					
Family-name						
Date of birth	·			_ (dd/mm/yy)	Male/Fem	nale
Place of birth						
Nationality	·				<u>-</u>	
Address	:				<u></u>	
City	:				<u> </u>	
Country	:				<u></u>	
Telephone number	·		-			
Mobile number	:		-			
E-mail	:					
Correspondent address	if not the	same as	above):			



# **Source of reference**

How did you hear about SCA?

	0	Website (www.surinamecollegeofaccountancy.com) Facebook (Suriname College of Accountancy)
Friend/Collea	igue O	Name:
Advertisemer		Paper Other
Other (please	speci	fy):
General informat Employment statu		employment : Employed / Self-employed / Unemployed / Career Break
Job title		:
Company name		<b>:</b>
Address		:
City		:
Country		<b>:</b>
Telephone numbe	er	<b>:</b>
E- Mail		:
Years in position		:
Name Supervisor		:
Is there a Certified	d Acco	untant employed in your company?



#### **Education of the candidate**

What is your highest qualification?	
(Please provide details of school certificates, diplomas and degrees)	
Do you possess the diploma?	
In years, how many work experience do you have?	
Entry level	
Would you like to register for the complete CAT course? (If NOT, go on to the next question	n)

Which level (s) would you like to enter?

- o Introductory level (FA1, MA1)
- Intermediate level (FA2, MA2)
- o Advanced level (FAB, FMA, FFA)

## **Payment**

The invoice can be sent to:

- Address of the employer (letter of guarantee from the employer)
- Address of the candidate
- o Correspondent address of the candidate

## **Terms of payment**

The subscription fee of Euro 225 must be paid and submitted together with the completed enrollment form. The second payment should be made before the classes of October starts. This amount should be 50 % of the tuition fee for the first year.



\*How will you complete the rest of your payments?

Signature Candidate:	
Place:	Date:
Only completed enrollment forr	ns including all the documents will be considered.
YES	NO
ACCA will keep analyzes of all s	proved Learning Partner (Gold). tudents, we hereby inform you that SCA will pass on all data of the use confirm if you agree with this.
and conditions attached with th	
With the signing of this enrollme	ent form you confirm that you have read and understood the terms
Terms and Conditions	are bound by the terms and conditions of the school.
o Guarantee letter <sup>i</sup>	
Color copy of diploma (	VOS) and lists of marks (Dutch and English version)
Certificate from CBB (ui One (1) passport photo	itreksel van CBB)
Color copy of ID or pass	•
Please return a completed enro	Ilment form with the following documents:
Registration SCA	
*Not applicable if only entering one certain	level.
All other payments should be m	ade within two weeks after the date of invoice.
JSD 61.20.709	
Euro 61.20.717	30 Bank N.V. Into the following accounts.
Payments can be made at the D	SB Bank N.V. into the following accounts:
Other	
By installments ( monthly,	/semi-annually/quarterly)

<sup>4</sup>