

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/Female				
Place of birth	:				
Nationality	:				
Address	:				
City	:				
Country	:				
Telephone number	:				
Mobile number	:				
E-mail	:				
Correspondent address (if not the same as above):					



Source of reference

How did you hear about SCA?

Internet	
0	Website (www.surinamecollegeofaccountancy.com)
0	Facebook (Suriname College of Accountancy)
Friend/Colleague	
0	Name:
Advertisement	
0	Paper
0	Other
Other (please spe	cify):
Consul information	of annular was and
General information	or employment
Employment status	
Employment status	
Employment status	: Employed / Self-employed / Unemployed / Career Break
Employment status Job title Company name	: Employed / Self-employed / Unemployed / Career Break : :
Employment status Job title Company name Address	: Employed / Self-employed / Unemployed / Career Break : :
Employment status Job title Company name Address	: Employed / Self-employed / Unemployed / Career Break : :
Employment status Job title Company name Address	: Employed / Self-employed / Unemployed / Career Break : :
Employment status Job title Company name Address City Country	: Employed / Self-employed / Unemployed / Career Break : : :
Employment status Job title Company name Address City Country Telephone number	: Employed / Self-employed / Unemployed / Career Break :
Employment status Job title Company name Address City Country Telephone number E- Mail	: Employed / Self-employed / Unemployed / Career Break :
Employment status Job title Company name Address City Country Telephone number E- Mail Years in position	: Employed / Self-employed / Unemployed / Career Break :
Employment status Job title Company name Address City Country Telephone number E- Mail	: Employed / Self-employed / Unemployed / Career Break :



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	on)			

Which level (s) would you like to enter?

- o Introductory level (FA1, MA1)
- o Intermediate level (FA2, MA2)
- 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
- 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 start in January 2024. This amount should be 50 % of the tuition fee for the first year.



How will you complete the rest of your payments? One time (full payment)					
0	By installments (monthly/semi-annually/quarterly)				
0	Other				
Payments can be made at: DSB Bank N.V. into the following accounts: Euro 61.20.717 USD 61.20.709					
Hakrinbank N.V.					
Euro 2081 888 66 All payments should be made within two weeks after the date of invoice.					
Registration SCA Please return a completed enrollment form with the following documents:					
0 0 0 0	Color copy of ID or passport Certificate from CBB (uittreksel van CBB) One (1) passport photo Color copy of diploma (VOS) and lists of marks (Dutch and English version) Guarantee letter				
Terms and Conditions Upon registration with SCA you are bound by the terms and conditions of the school. With the signing of this enrollment form you confirm that you have read and understood the terms and conditions attached with this form.					
From April 1, 2021 SCA is an Approved Learning Partner (Gold). ACCA will keep analyzes of all students, we hereby inform you that SCA will pass on all data of the students to ACCA. Can you please confirm if you agree with this.					
YES		NO			
Only completed enrollment forms including all the documents will be considered.					
Place	: Da	te:			
Signature Candidate:					

¹ If your employer pays for the costs of this training, please also enclose an approval statement from your employer.