

## Enrollment form for the part time course ACCA

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

### Personal data student

Title (Mr./Mrs./Miss) : \_\_\_\_\_

First name(s) : \_\_\_\_\_

Last 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**

- Website (www.surinamecollegeofaccountancy.com)
- Facebook (Suriname College of Accountancy)

**Friend/Colleague**

- Name: \_\_\_\_\_

**Advertisement**

- Paper
- Other

**Other (please specify):**

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**General information of employment**

Employment status : Employed / Self-employed / Unemployed / Career Break

Job title : \_\_\_\_\_

Company name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

Country : \_\_\_\_\_

Telephone number : \_\_\_\_\_

E- Mail : \_\_\_\_\_

Years in position : \_\_\_\_\_

Name Supervisor : \_\_\_\_\_

Is there a Certified Accountant employed in your company?

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### Education of the candidate

What is your highest qualification?  
(Please provide details of school certificates, diplomas and degrees)

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Do you possess the diploma?

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In years, how many work experience do you have?

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### 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 326 must be paid and submitted together with the completed enrollment form. The second payment should be made before the start of the classes in January 2025. 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)
- By installments (monthly/per semester/quarterly)
- Other .....

Payments can be made at:

**DSB Bank N.V.** into the following accounts:

Euro 61.20.717

USD 61.20.709

All other payments should be made within two weeks after the date of invoice.

### Registration SCA

Please return a completed enrollment form with the following documents:

- Color copy of ID or passport
- Certificate from CBB (uittreksel van CBB)
- One (1) passport photo
- Guarantee letter<sup>i</sup>
- Color copy of diploma and lists of marks (Dutch version)
- Translated English version of diploma and lists of marks (color copy).

### Interview Course Leader

After receiving the completed enrollment form, an interview with the coordinator can be scheduled. This interview is to assess the eligibility of the student for this curriculum and takes 30 minutes.

### 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.

Only completed enrollment forms including all the documents will be considered.

Place:

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature Candidate

\_\_\_\_\_

\_\_\_\_\_

<sup>i</sup> If your employer pays for the costs of this course, please also enclose an approval statement from your employer.