



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

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

Friend/Colleague

- Name: _____

Advertisement

- Paper
- Other

Other (please specify):

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?

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)

Which level (s) would you like to enter?

- Introductory level (FA1, MA1)
- 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 326 must be paid and submitted together with the completed enrollment form. The second payment should be made before the classes start 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/semi-annually/quarterly)
- Other

Payments can be made at:

DSB Bank N.V. into the following accounts:

Euro 61.20.717

USD 61.20.709

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:

- 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 letterⁱ

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: _____

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