

Certified International Financial Accountant - Application Form

Title: Mr:_____ Mrs:_____ Miss:_____ Ms: _____ Other:_____

Surname: _____

First Name: _____

Date of Birth: _____ / _____ / _____ Cell #: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Post Code: _____

Telephone: _____ Email: _____

Qualifications:

Name of Institution	Degree Type	Year Granted

Work/Business Experience (where applicable)

Position Held	Name of Employer	Period of Employment



Relevant Experience:

None ☐ Less than 1 year ☐ 1-2 years ☐ 2-4 years ☐ More than 4 years ☐

Please note: The ICBC may request supporting documents on relevant experience.

Payment Method Fees:

Invoice ☐ Cheque ☐ Credit Card ☐

Registration Fee: US\$280.00

Examination Fee: US\$120.00

Total: US\$400.00

Signature: _____

Date: _____