



THE SOCIETY OF ACCOUNTING EDUCATION

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To be filled by the Office:

Registration / Enrollment No. _____

Date of Registration: ____ -- ____

Admission/Enrollment Form CERTIFIED FINANCIAL & MANAGEMENT ADVISOR (CFMA)

The applicant should fill all columns in capital letters. Tick () mark the appropriate box where necessary.

PERSONAL DATA

Applicant's Name _____

Date of Birth (dd/mm/yyyy) ____ -- ____ Sex: Male Female Marital Status: Single Married

CNIC No.: _____

Place of Birth: _____ Nationality: _____ Domicile: _____

Father's Name: _____ Alive Deceased

Profession: _____ Annual Income: _____

Organization Where Employed: _____

Organization Address: _____

Postal Address: _____

Permanent Address: _____

Tel. (Res.): _____ Mobile: _____ Office: _____ Email: _____

REFERENCES

Name	
Designation	
Organization	
Address	
Telephone	

Name	
Designation	
Organization	
Address	
Telephone	

APPLICANT UNDERTAKING

I hereby certify that the information given above is correct and I take full responsibility for any incorrect information. I clearly understand that acceptance of my application form and appearance in the test does not mean approval of my Admission.

I hereby agree to abide by the rules and regulations of the SOAE, as applicable currently, and revised/updated/enforced, during the currency of program.

Date (dd-mm-yyyy): _____ Applicant's Signature: _____

For Official Use

Fee Deposited: _____ vide DD/TT/PO No.: _____ Date: _____

Deposit Reference: _____ Verified By: _____ Admission Approved vide

Registration / Enrollment No. _____ Date of Registration _____

Verified By: _____ (Registrar)
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Approved By: _____ (President)
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Attachment:

1. Fresh Resume
2. Two Photographs
3. One Copy of CNIC
4. Photocopies of Academic Qualification Certificates
5. Photocopies of Professional Qualification Certificates
6. Photocopies of Experience Certificates.
7. Photocopies of the Training Courses / Workshops Certificates.