



# المجمع الدولي لعربي المحاسبين القانونيين

The International Arab Society of Certified Accountants (IASCA)

## IFRS Expert

### Student Registration Form

#### Global Professional Accounting Organization

Member of the International Federation of Accountants (IFAC)

Consultative Member of the UN Economic and Social Council (ECOSOC)

Member of the International Association For Accounting Education and Research (IAAER)



## Student Registration Form

Date: / /

### Personal Information:

Full Name: .....

Nationality: ..... Date and Place of Birth : .....

Gender: Male Female

### Qualifications (Academic and Professional):

Name/ address of University	Year of Study From-To	Major	Degree

### Work Experience:

Name of company /organization	Experience years From-To	Job Title	Address

### For IASCA use only

Officer Approval:

Registration No.

Date: / /

Signature

## Examination Center No.

Please select one of the following:

<input type="checkbox"/> Riyadh (01)	<input type="checkbox"/> Jeddah (02)	<input type="checkbox"/> Khoubar (03)	<input type="checkbox"/> Manama (04)
<input type="checkbox"/> Amman (05)	<input type="checkbox"/> Cairo (06)	<input type="checkbox"/> Kuwait (07)	<input type="checkbox"/> Abu Dhabi (08)
<input type="checkbox"/> Mascut (09)	<input type="checkbox"/> Nablus (10)	<input type="checkbox"/> Alexandria (11)	<input type="checkbox"/> Gaza (12)
<input type="checkbox"/> Beirut (13)	<input type="checkbox"/> Bethlehem (14)	<input type="checkbox"/> Tripoli (15)	<input type="checkbox"/> Aden (16)
<input type="checkbox"/> Damascus (17)	<input type="checkbox"/> Benghazi (18)	<input type="checkbox"/> Baghdad (19)	<input type="checkbox"/> Algeria (20)
<input type="checkbox"/> Karak (21)	<input type="checkbox"/> Jenin (22)	<input type="checkbox"/> Ramallah (23)	<input type="checkbox"/> Hebron (24)
<input type="checkbox"/> Tulkarem(25)	<input type="checkbox"/> Khan Younis (26)	<input type="checkbox"/> Tunisia (27)	<input type="checkbox"/> Doha (28)
<input type="checkbox"/> Erbil (29)	<input type="checkbox"/> Sana'a (30)	<input type="checkbox"/> Sudan (31)	<input type="checkbox"/> Salalah (32)
<input type="checkbox"/> Sohaj (33)	<input type="checkbox"/> Dubai (34)	<input type="checkbox"/> Irbid (35)	<input type="checkbox"/> Zarqaa (36)

## Current Employment

Name of Company/ Organization: ..... Job Title: .....

Address: .....

Phone No.: ..... Fax No.: .....

E-mail address: .....

## Current Address of Residence:

Address: .....

Phone No.: ..... Fax No.: .....

Mobile No.: .....

Date: / / Signature

I declare that the information included in this form is correct, and If my request to sit for exams session has been approved for the year ..... I pledge to comply with IASCA laws and regulations concerning students' affairs and graduates as long as I have been registered for IASCA as a student.

## Kindly attach the following with the application:

- 1- Education certificates
- 2- Experience certificates
- 3- Two personal photos
- 4- Copy of valid passport

**Please send the form via email or by fax to the following address:**

**The Arab Society of Certified Accountants (ASCA)**

**Telephone: (00962 6 5100 900)**

**Fax: (00962 6 5100 901)**

**P.O Box: (922104) Amman (11192) Jordan**

**Email: [asca.students@ascasociety.org](mailto:asca.students@ascasociety.org)**

## Examination Fee Payment

USD .....

### How to pay the examination fees:

- A cheque to the order of the International Arab Society of Certified Accountants
- Bank transfer to the International Arab Society of Certified Accountants account
- Cash
  - Full Payment
  - Installment

Bank Name/ Bank of Jordan, Al-Hussein Branch

Account number (Dollar): 278257000 / Swift Code: BJORJOAX

IBAN: JO76BJOR0150000023010278257000

**Website: [www.ascasociety.org](http://www.ascasociety.org)**