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):

<table>
<thead>
<tr>
<th>Name/address of University</th>
<th>Year of Study</th>
<th>From-To</th>
<th>Major</th>
<th>Degree</th>
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Work Experience:

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<tr>
<th>Name of company/organization</th>
<th>Experience years From-To</th>
<th>Job Title</th>
<th>Address</th>
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For IASCA use only

Officer Approval:  
Registration No. 
Date: / /  
Signature
Examination Center No.
Please select one of the following:

- [ ] Riyadh (01)
- [ ] Jeddah (02)
- [ ] Khourbar (03)
- [ ] Manama (04)
- [ ] Amman (05)
- [ ] Cairo (06)
- [ ] Kuwait (07)
- [ ] Abu Dhabi (08)
- [ ] Mascot (09)
- [ ] Nablus (10)
- [ ] Alexandria (11)
- [ ] Gaza (12)
- [ ] Beirut (13)
- [ ] Bethlehem (14)
- [ ] Tripoli (15)
- [ ] Aden (16)
- [ ] Damascus (17)
- [ ] Benghazi (18)
- [ ] Baghdad (19)
- [ ] Algeria (20)
- [ ] Karak (21)
- [ ] Jenin (22)
- [ ] Ramallah (23)
- [ ] Hebron (24)
- [ ] Tulkarem (25)
- [ ] Khan Younis (26)
- [ ] Tunisia (27)
- [ ] Doha (28)
- [ ] Erbil (29)
- [ ] Sana’a (30)
- [ ] Sudan (31)
- [ ] Salalah (32)
- [ ] Sohaj (33)
- [ ] Dubai (34)
- [ ] Irbid (35)
- [ ] Al Ain (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: …………………………………………………………………. . . . . .

How Did You Know About Our Services?
☐ Previous Participant  ☐ Website  ☐ Social Media Sites
☐ By Communicating Directly With One of Our Staff
☐ Other………………………………………

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 ASCA laws and regulations concerning students' affairs and graduates as long as I have been registered for ASCA as a student.

Kindly attach the following with the application:
1- Education certificates  2- Experience certificates
3- A new personal photo  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: info@iascasociety.org
Website: www.iascasociety.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

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Email: info@iascasociety.org
Website: www.iascasociety.org