

EXAMINATIONS APPLICATION FORM

(for CIA, CCSA, CFSA, CRMA and CGAP Examination)



Name : _____ Mr. Mrs. Ms.

Are you a member of the IIA? | Yes - ID No. _____ No.

Date of Birth _____ Gender : Male Female

Organization _____ Position _____

Business Address _____

Job Code : _____ Industry Code : _____ Tel.no. _____

Fax: _____ Mobile: _____ Email : _____

Home Address _____

Tel : _____ Fax: _____

Send all mail to Home Office

CANDIDATE BACKGROUND

Highest degree attained :	Certification Applied for :			Enclosure
	<u>Member</u>	<u>Nonmember</u>	<u>Full-time Student/Educator</u>	
<input type="checkbox"/> Bachelor's Degree _____ <small>Year</small>	Application Fee <input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 50	All candidates need to submit <input type="checkbox"/> Certified true copy of degree or transcripts <input type="checkbox"/> Character Reference Form <input type="checkbox"/> Experience Verification Form <input type="checkbox"/> University Student/Professor Registration Form <input type="checkbox"/> Payment Evidence
<input type="checkbox"/> Master's Degree _____ <small>Year</small>	Exam Part Fees			
<input type="checkbox"/> Doctorate _____ <small>Year</small>	CIA Part I <input type="checkbox"/> 250	<input type="checkbox"/> 350	<input type="checkbox"/> 200	
<input type="checkbox"/> Other : _____ <small>Year</small>	CIA Part II <input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 150	CCSA Candidate also submit <input type="checkbox"/> CCSA Facilitation Experience and/or Training Form
<input type="checkbox"/> CCSA <input type="checkbox"/> CGAP	CIA Part III <input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 150	
<input type="checkbox"/> CFSA <input type="checkbox"/> CISA				Term of Payment <input type="checkbox"/> Cash at the IIAT office <input type="checkbox"/> Check pay for "The Institute of Internal Auditors of Thailand" <input type="checkbox"/> Transfer to "The Institute of Internal Auditors of Thailand" Thanachart, Thong Ioh Branch Saving Account no. 024-2-00717-7
<input type="checkbox"/> CPA - State/Country : _____	<u>Member</u>	<u>Nonmember</u>		
<input type="checkbox"/> CA- Country: _____	Application Fee <input type="checkbox"/> 100	<input type="checkbox"/> 200		
<input type="checkbox"/> CMA-Country : _____	CCSA <input type="checkbox"/> 350	<input type="checkbox"/> 450		
<input type="checkbox"/> CGA	CGAP <input type="checkbox"/> 350	<input type="checkbox"/> 450		
<input type="checkbox"/> Other :	CRMA <input type="checkbox"/> 350	<input type="checkbox"/> 450		
<input type="checkbox"/> CFSA	CFSA <input type="checkbox"/> 350	<input type="checkbox"/> 450		
Internal Auditing Experience :	<input type="checkbox"/> Banking			
<input type="checkbox"/> None	<input type="checkbox"/> Insurance			
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> Securities			
<input type="checkbox"/> 1 year but less than 2 years				
<input type="checkbox"/> 2 or more years				
	TOTAL PAID _____			

By signing and submitting this form, I certify that I have read and will abide by the provisions of the Code of Ethics, and accept the conditions set forth in the Certification Program Information for Candidates.

Signature : _____

Date : _____