

ISCA CPE
60 Cecil Street, ISCA House,
Singapore 049709
Tel 65 6749 8060 Fax 65 6749 8061
cpe@isca.org.sg http://cpe.isca.org.sg

GROUP REGISTRATION FORM ISCA CPE PROGRAMME

(Valid till 30 Jun 2021)

ISCA AC Programme Enrolment Form

*Programme Code:	*Seminar Title:	
AC001	ISCA Audit Committee Programme	

INSTRUCTION:

1. Please create an ISCA eService account prior to filling up the form.

Applicant 1's Name (as in NRIC or Passport) (Mr / Ms / Mrs/ Mdm):

- 2. Please complete the form below and email to ISCA (cpe@isca.org.sg).
- 3. A voucher will be issued via email to each applicant for the application of AC Programme.
- 4. Submission of both the applicant's application and his/her group applicants cannot be more than 1 week from the time of vouchers issuance.

APPLICANTS' INFORMATION

Please note a <u>minimum of 3 applicants</u> are required to enjoy the ISCA AC Programme Group Promotion at S\$642 (GST incl) per pax (Original S\$749, GST incl).

Mobile Number:		
E-mail:		
Applicant 2's Name (as in NRIC or Passport) (Mr / Ms / Mrs/ Mdm):		
Mobile Number:		
E-mail:		
Applicant 3's Name (as in NRIC or Passport) (Mr / Ms / Mrs/ Mdm):		
Mobile Number:		
E-mail:		
DECLARATION		
 I declare that the personal profile and information on this form is true and complete and agree to the terms of <u>ISCA's Privace</u> & Data Protection Policy. 		
2. I have read, understood and agreed to be bound by the Terms and Conditions for registration.		
3. I understand that there is no refund of Programme Fee if any of my buddy did not sign up for the ISCA AC Programm within 1 week of voucher issuance, and I will need to pay full price of \$749 should I still wish to sign up the programm alone.		
Authorised Name & Signature (only 1 applicant's name and signature is required)	Date:	



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PAYMENT OF TOTAL FEES

(For payment by credit card, signature of the cardholder & card expiry date are required)

Please t	ick ($\sqrt{\ }$) mode of payment:	
(1)	Total Payment (inclusive of GST):	
(2)	☐ Visa ☐ MasterCard	
	Card Account No.:	Name of Cardholder:
	Expiry Date (mm/yyyy): /	
	Cardholder's Signature:	_ Date (dd/mm/yyyy):

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- (ii) Voice calls, text or fax: http://www.isca.org.sg/consent

Alternatively, you can inform us via email at cpe@isca.org.sg.