



International
Institute of
Finance and
Accounting

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Personal details			
Full name			
Company			
Position			
Email address			
Work Telephone		Mobile Telephone	
Registration address			
Place of residence			

ACCA Students Only

ACCA Number *		Date of Birth	
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Company details to be invoiced:

Company name			
Legal address			
Postal address			
Tel/Fax			
TIN		OKNX	
Corporate charter or power of attorney			

Bank details	
Payment terms:	A minimum deposit of 15% of the total fees is payable on submission of this form and any balance is due on registration for your course. This deposit is only transferable / refundable in accordance with the Terms and Conditions.

By signing below I confirm that I have read and clearly understood all the terms of my enrolment, in particular clauses concerning

Name		OKNX	
Signature		Date	

ACCA Part-time Courses 2020 Please tick as appropriate	Afternoon course	Evening course	Weekend course	Online course
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FUNDAMENTALS-KNOWLEDGE

FAB/AB Accountant in Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMA/MA-Management Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFA/FA-Financial Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNDAMENTALS-SKILLS

LW-Corporate and Business Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-Performance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TX-Taxation(UK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FR-Financial Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA-Audit and Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FM-Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE **TOTAL PAYABLE FEE:**

Date Paid	Amount	Paid	Comments Balance