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**Registration Form**

**Course for External Audit Reviewers**

**Registration Fee €255**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

Title: ……… Name:……………………….. Surname: ………………………....................

Address: …………………………………………………………………........................

…………………………………………………………………………………….......................

I.D. Number: ............................................ Nationality: ..........................................

Profession: ……………………………… Date of birth………….................................

Tel/mobile: ……………………………………… Email:………………………………......

Audit Practising Certificate: Yes No

Company/Organisation: ..............................................................................................

**If you wish to be considered by the Accountancy Board for the role of External Audit Reviewer, please tick box and attach your C.V. with the filled in registration form.**

**Signature of Applicant: Date:**

**Payment options:**

**By cheque**, payable to **Malta University Consulting Ltd**

**By cash** at The University Residence, Robert Mifsud Bonnici Street, Lija

**By Bank Transfer**: Name of Bank: Bank of Valletta p.l.c.

Address: University Campus, Msida

Account Number: 16707297016

IBAN: MT20VALL22013000000016707297016

Bank’s BIC: VALLMTM

**Note: Payments by cheques are to be sent to:**

**Ms Maria Bugeja**

**The University Residence,**

**Robert Mifsud Bonnici Street, Lija.**