



CPA Program Registration Form (I)

Program Enrollment Year & Semester: Semester 1, 2021

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Citizenship Identity Card Number: _____

CPA Australia Member Number: _____

Gender: Male _____ Female _____

Date of Birth (month/day/year): _____ Place of Birth: _____

Mailing Address: _____ Permanent Residential Address: _____

Mobile Phone Number: _____ Office Phone: _____

Email Address: _____

Please **submit a copy** of Citizenship Identity Card (CID).

Declaration by Student Registering for the CPA Program

I, _____, *(Please Write Your Name)* hereby certify the above information to be true, correct and complete. In case of any misinformation or false declaration I shall be held liable for the consequences.

Date: _____ Signature: _____