

# COMBATING FISCAL FRAUD AND EMPOWERING REGULARS (coffers)

## SEPTEMBER 2018

### PERSONAL INFORMATION

|                                   |           |
|-----------------------------------|-----------|
| First name:                       | Surname:  |
| Cpr.(if Danish) or date of birth: | Position: |
| Private address:                  |           |
| Postcode and city:                | Country:  |
| Phone:                            | E-mail:   |

### INFORMATION ON PLACE OF EMPLOYMENT

|                      |          |
|----------------------|----------|
| Place of employment: |          |
| Address:             |          |
| Postcode and city:   | Country: |
| Phone:               | E-mail:  |

### Motivation for taking part and areas of special interest

Please fill in below

## Education and Experience

| Education   | Institution | Year of exam |
|---|-------------|--------------|
| <input type="checkbox"/> Academic education - Please specify: |             |              |
| <input type="checkbox"/> Diploma - Please specify:            |             |              |
| <input type="checkbox"/> Other education - Please specify:    |             |              |

### THE LAST 5 YEARS OF EMPLOYMENT

Please fill in below

### DO YOU WISH TO PARTICIPATE IN THE EXAM IN ORDER TO RECEIVE A DIPLOMA?

Yes, I want to participate \_\_\_\_\_ No, I will not participate \_\_\_\_\_

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Date and year                      Applicant

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Date and year                      Employer (if course is paid by employer)

**Mail or e-mail to CBS, Dalgas Have 15, SV086, 2000 Frederiksberg, Denmark, att.: Helle Ibæk - hi.master@cbs.dk**