

COMBATING FISCAL FRAUD AND EMPOWERING REGULATORS (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 _____

Date and year Applicant

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 - mas.cbs.dk