

COMBATING FISCAL FRAUD AND EMPOWERING REGULATORS (COFFERS)

SEPTEMBER 2019

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, K4.64, Kilevej 14 A/B, 2000 Frederiksberg, Denmark, att.: Mick Hart- miha.ioa@cbs.dk