

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 _____

DO YOU WISH TO PARTICIPATE IN VOLUNTARY DINNER (FEE: DKK 500)

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