



APPLICATION FOR SIX-WEEK CERTIFICATE COURSE

# Accounting for Non-Accountants (AFNA)

1. Name (in BLOCK letters):

2. Date of Birth: (DD/MM/YYYY)

4. Gender:  Male  Female

5. Cell #

6. E-mail:

7. Present Address:

8. Give details of your current and most recent (if applicable) full-time employments:

Employment	Position	Organization	Duration (From-To)
Current			
Most Recent			

9. Total years of job experience:

10. Give details of your bachelor's degree obtained:

Level	Institution	Year Awarded	Area / Major	Class / CGPA
Bachelor's				

11. Have you ever been enrolled in any degree/course at IBA?  Yes  No

If yes, please specify:

Course(s)

## Declaration

I have read the course brochure(s) and I agree to abide by the requirements of the course(s). The information provided in this application form is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date