



## Registration form KPMG The Operational Auditing program

### Personal information

Surname .....m/f

First name .....

Preferred name .....

Birthdate .....

Birth place .....

Address .....

Zip code and city .....

Telephone .....

Mobile .....

E-mail .....

Previous education .....

### Employer

Name employer .....

Your function .....

Address .....

Zip code and city .....

Telephone work .....

Fax work .....

E-mail work .....

This registration for the post-HBO Operational Auditing program relates to the starting date:

.....-.....-.....

### Financial details

Billing address ☐ private ☐ employer



## Declaration

The General Terms and Conditions KPMG The Operational Auditing program (hereafter General Terms and Conditions) are made available electronically. The undersigned (the participant) declares to agree to the electronic provision of the General Terms and Conditions and to agree with the applicability and content of the General Terms and Conditions.

Date .....

Place .....

Name .....

Signature .....

**Please send this form together with your curriculum vitae and copies of relevant diplomas to:**

Operational Auditing program KPMG  
KPMG Advisory N.V.  
Attn. Charise Loods  
Postbus 74500  
1070 DB Amstelveen