



Registration form KPMG The Operational Auditing program

Personal information

Surnamem/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