



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