



APPLICATION FOR TRAINING FOR THE ICAEW ADVANCED CASE STUDY EXAM - 2012

Instructions to follow when filling up this form:-

1. Take a printout of this form.
2. Fill it in BLOCK CAPS with a Blue /Black Ballpoint pen.
3. Scan the filled-in form.
4. Email the scanned copy to ICAEW@GetThroughGuides.com.
5. Payment is to be made by Cheque or DD payable to "The Secretary of the Institute of Chartered Accountants of India" payable in New Delhi.
6. Please send your Demand Draft / Cheques along with the original paper copy of the form to "The Customer Relations Office – ICAEW, 16A Vidyut Nagar, Koregaon Park, Pune 411001, India, Ph: 91 (0) 20 32312819". Once you have filled in your form, please email ICAEW@getthroughguides.co.uk mentioning your name, DD/Cheque/Wire transfer details, and date of dispatch of form.
7. Note that this application form is filled in order to register for the training conducted by GTG for ICAEW's Advanced Case Study Exam. To register for the ICAEW examination, please visit www.icaew.org or contact studentsupport@icaew.org.
8. In case of any further queries, please email ICAEW@GetThroughGuides.com or refer to our website www.GetThroughGuides.com/ICAEW

Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.
Given Name	<input type="text"/>			
Surname	<input type="text"/>			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Date of Birth	<input type="text"/>	(DD/MM/YYYY)		
Nationality	<input type="text"/>			
Contact No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile No.	<input type="text"/>	<input type="text"/>		
Email Address	<input type="text"/>			
Company Name	<input type="text"/>			
Designation	<input type="text"/>			
Company Location	<input type="text"/>			(City)
	<input type="text"/>			(Country)
Sector	<input type="checkbox"/> Public Practice	<input type="checkbox"/> Public Sector (government undertaking)		
	<input type="checkbox"/> Industry	<input type="checkbox"/> Education		
Other	<input type="text"/>			



Address for Correspondence

Building name and street

Town/City

County/State

Postcode

Country

ICAI Membership No.

ICAI Membership Date (DD/MM/YYYY)

Training location

Payment Demand Draft Cheque Wire transfer

Cheque/DD Cheque No.

Dated (DD/MM/YYYY)

Bank Name

Wire Transfer **Bank Name**

Transfer date (DD/YY/YYYY)

Transaction ID

I confirm that the above information is true and correct to the best of my knowledge.

Signature _____

Name _____

Date _____