

2010 CIA® Examination Re-enrolment Form

ABN 001 979 557

For Australian, PNG and South Pacific candidates only.

This document will be a tax invoice for GST when you make payment.



The Institute of
Internal Auditors
Australia

PERSONAL DETAILS

Please use BLOCK letters

Title (Prof/Dr/Mr/Mrs/Ms/Miss)

Family Name:

Given Name:

Name as appear on photo ID:

Date of Birth:

Home Address:

City: State:

Postcode: Country:

Telephone: ()*

Facsimile: ()*

* Area/City Codes required

Organisation:

Work Address:

City: State:

Postcode: Country:

Telephone: ()*

Facsimile: ()*

* Area/City Codes required

Position in organisation:

Mobile:

Email:

Send mail to:

Home Office

CIA ID Number:

PROFESSIONAL ASSOCIATIONS

Tick the organisation/s which you belong to:

- AICD FINSIA
 IASCT AFPA
 NIA ISACA
 AIM CPA Australia
 ICAA CSA
 ACCA Law Society/Institute
 Other (please specify):

INTERNAL AUDITING EXPERIENCE

- None 1-2 years
 Less than 1 year Over 2 years

EXAMINATION LOCATIONS

AUSTRALIA SOUTH PACIFIC

Adelaide, SA Suva, Fiji

Brisbane, QLD

Townsville, QLD

Canberra, ACT

Darwin, NT

Hobart, TAS

Melbourne, VIC

Perth, WA

Sydney, NSW

EXAMINATION DATE

Please indicate in which month you wish to sit your CIA exam.

PAYMENT

Payment for examination is required upon application. The following fees are applicable for 2010. Prices are subject to change.

Exam Part Fees (inclusive of GST)

	Australia	Student/Educator
Part I	<input type="radio"/> A\$320	<input type="radio"/> A\$209
Part II	<input type="radio"/> A\$320	<input type="radio"/> A\$209
Part III	<input type="radio"/> A\$320	<input type="radio"/> A\$209
Part IV	<input type="radio"/> A\$320	<input type="radio"/> A\$209
Part IV (with Professional recognition Credit)**	<input type="radio"/> A\$320	<input type="radio"/> A\$209
TOTAL	\$	\$

The listed prices were in effect at the time of printing and are subject to change.

For candidates from PNG and the South Pacific fees are available on request.

**Paperwork must accompany application for professional recognition credit.

A cheque/money order for \$ is enclosed.

DIRECT DEPOSIT: Westpac Banking Corporation BSB 032003 Account No 478233, King Street, Sydney NSW 2000, (when paying by DD, please fax through remittance advice to +61 2 9264 9240 or email enquiry@iia.org.au stating the members name and membership number)

Or if you wish to pay by credit card, please complete the following:

CREDIT CARD:

1% surcharge for MasterCard/Visa

2.5% surcharge for Amex/Diners

Visa MasterCard Amex Diners

Credit Card Number:

Card Holder's Name:

Signature:

Expiry Date:

DISABILITY

Tick here if you need accommodation during the examinations for a disability. Include a separate letter stating what type of accommodations you require.

CERTIFICATION

By signing and submitting this form, I certify that I have read and will abide by the Codes of Ethics (see www.iia.org.au Certification) and accept the conditions set forth in the CIA® Program information for Candidates.

Signature:

Date:

Please return this form and payment to:

Institute of Internal Auditors-Australia
PO Box A2311 Sydney South NSW 1235
Australia

Telephone: +61 2 9267 9155

Toll free: 1800 236 366 (within Australia only)

Facsimile: +61 2 9264 9240

Email: enquiry@iia.org.au

Website: www.iia.org.au

OFFICE USE ONLY

Cheque: \$

Credit Card: \$

Credit Card Surcharge if Applicable: \$

Entered:

Date:

Comments: