

EXAMINATIONS REAPPLICATION FORM

(for CIA, CCSA, CFSA, CRMA and CGAP Examination)



Name : _____ Mr. Mrs. Ms.

Are you a member of the IIA? No. Yes. Candidate ID No. _____

Organization _____ Position _____

Business Address _____

Job Code : _____ Industry Code : _____ Tel.no. _____

Fax: _____ Mobile: _____ Email : _____

Home Address _____

Tel : _____ Fax: _____

Send all mail to Home Office

Certification Applied for :

	<u>Member</u>	<u>Nonmember</u>	<u>Full-time Student/Educator *</u>	<u>Previous exam date **</u>
Exam Part Fees				
CIA Part I	<input type="checkbox"/> \$280	<input type="checkbox"/> \$395	<input type="checkbox"/> \$230	_____
CIA Part II	<input type="checkbox"/> \$230	<input type="checkbox"/> \$345	<input type="checkbox"/> \$180	_____
CIA Part III	<input type="checkbox"/> \$230	<input type="checkbox"/> \$345	<input type="checkbox"/> \$180	_____
	<u>Member</u>	<u>Nonmember</u>		
CCSA	<input type="checkbox"/> \$380	<input type="checkbox"/> \$495		_____
CGAP	<input type="checkbox"/> \$380	<input type="checkbox"/> \$495		_____
CRMA	<input type="checkbox"/> \$380	<input type="checkbox"/> \$495		_____
CFSA	<input type="checkbox"/> \$380	<input type="checkbox"/> \$495		_____

- Banking
- Insurance
- Securities

TOTAL PAID _____

Term of Payment

- Cash at the IIAT office
- Check pay for The Institute of Internal Auditors of Thailand

Transfer to

- Thanachart, Thong loh Branch Saving Account no. 916-200-1813
- Bank of Ayudhya, Thong loh Branch Saving Account no. 255-1-15539-5

* conditions set forth in the Certification Program Information for Candidates.

**Due to 90 days retest policy, please fill up the data.

Signature : _____

Date : _____