

Counter Fraud Professional Accreditation Board

Register Authorisation Form

PLEASE COMPLETE THE DETAILS BELOW

NAME:

ADDRESS:

TELEPHONE:

FAX NUMBER:

E-MAIL ADDRESS:

QUALIFICATIONS

Name of Award	Please Tick if Hold	Date Awarded	Certificate Number
Accredited Counter Fraud Officer (ACFO)			
Accredited Counter Fraud Specialist (ACFS)			
Accredited Counter Fraud Manager (ACFM)			
Accredited Counter Fraud Intelligence Officer (ACFIO)			
Accredited Counter Fraud Trainer (ACFT)			
Certified Counter Fraud Specialist (CCFS)			

DECLARATION:

Please tick the box which applies to you

<input type="checkbox"/>	IDO consent to my contact details being passed to Members of the Counter Fraud Professional Accreditation Board for the purposes of providing information on developments in the counter fraud sector.
<input type="checkbox"/>	IDO NOT consent to my contact details being passed to Members of the Counter Fraud Professional Accreditation Board for the purposes of providing information on developments in the counter fraud sector.

I certify to the best of my knowledge and belief the information given on this form is true.

Signature of Applicant

Date

Data Protection Act

The information on this form may be processed electronically and used for administrative and academic purposes. All information will be held securely and only supplied with consent to Members of the Counter Fraud Professional Accreditation Board for the purposes of providing information on developments in this sector.