THE ASSOCIATION OF FINANCIAL FORENSIC EXPERTS (THE AFFE)
(An Association set up under Section 42 of the Companies Act, 2017)

Address: Office # *House # 303-C, Street # 77, Sector G-9/3, Islamabad-Pakistan*

WhatsApp: +92 326 8384 978
Call: +92 326 8384 979
Email: info@theaffe.org.pk
Website: www.theaffe.org.pk

THE AFFE FFE PROGRAM REGISTRATION/ENROLMENT FORM

Membership Type

Student Member	☐	Associate Member	☐
Fellow Member	☐	Honorary Member	☐

Applicant's Picture

APPLICANT DETAILS:			
Full Name:			
Father's Name:			
Date of Birth:			
CNIC Number			
Address (Residence):			
Mobile Number:		**Phone Number:**	
Email Address:			

EMPLOYER DETAILS:			
Name of Employer:			
Address (Office):			
Mobile Number:		**Phone Number:**	
Email Address:			
Present Position:			
Date of Joining:			

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EDUCATIONAL QUALIFICATION:					
From	**To**	**Name Of Institution**	**Country**	**Type Of Certificate / Diploma / Degree**	**Field Of Study**

PROFESSIONAL QUALIFICATION / MEMBERSHIP:					
From	**To**	**Name Of Institution**	**Country**	**Type Of Certificate / Diploma / Degree**	**Field Of Study**

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PROFESSIONAL EXPERIENCE:					
From	**To**	**Name Of Employer**	**Country**	**Position**	**Activity**

Disclaimer:

By signing this admission form, I acknowledge that all the information provided by me is true and correct to the best of my knowledge. I understand that any false or misleading information provided by me may result in the cancellation of my admission / membership. Furthermore, I agree to abide by all the rules and regulations of the institute that are currently in force, or which may be made from time to time. I understand that failure to comply with the institute's rules and regulations may result in disciplinary action, including suspension or expulsion from the institute. I also understand that the institute reserves the right to modify or amend its rules and regulations at any time, and it is my responsibility to stay updated with the latest changes. I agree to cooperate with the institute in all matters concerning my admission and education.
By signing this admission form, I acknowledge that I have read and understood the terms and conditions stated herein and agree to be bound by them.

Dated: _____ Signature: _____

Note: Attach a copy of your CNIC, Picture and a recent CV.

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FOR OFFICE USE ONLY	
National Identity Card Number:	
Documents in Order/Completed:	
Registration Number Allotted:	
Council Resolution Number:	
Amount Received in Cash/Check/Demand Draft/Pay Order	
Cash/Bank Receipt No:	

Dated: _____ Signature: _____

_____ _____

Signature of Secretary ***Official Stamp of AFFE***