



### Request form for school visit / talk

To : Hong Kong Institute of Certified Public Accountants  
27/F, Wu Chung House  
213 Queen's Road East  
Wanchai, Hong Kong  
Fax : 2147 3293

(Please complete in BLOCK LETTERS)

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Language of seminar materials: \_\_\_\_\_

Total no. of Accounting Module students: \_\_\_\_\_

English / Chinese\* \_\_\_\_\_

Total no. of BAFS class(es): \_\_\_\_\_

Total no. of Business Mgt. students: \_\_\_\_\_

Please "☑" as appropriate.

- We would like to invite the HKICPA representative to introduce the HKICPA Examination in BAFS to our BAFS teachers / students\*.
- We would like the HKICPA representative to deliver a career talk to our students.

**Preferred Dates** (1st Choice) \_\_\_\_\_

(2nd Choice) \_\_\_\_\_

**Preferred Time:** From \_\_\_\_\_ To \_\_\_\_\_

**Audience:**

No. of teachers: \_\_\_\_\_

No. of students: \_\_\_\_\_ Form \_\_\_\_\_ (BAFS / Accounting Module / Business Mgt\*)

\_\_\_\_\_ Form \_\_\_\_\_ (BAFS / Accounting Module / Business Mgt\*)

**Details of Contact Person**

Name: \_\_\_\_\_ (Mr/Mrs/Ms\*) Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Position: \_\_\_\_\_ Tel No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please delete as appropriate.

\*\* Our representative shall contact you for confirmation of your request.  
For enquiries, please contact Ms. Joanna So at 2287 7099 or joannakys@hkiipa.org.hk