



**Pakistan Institute of Public Finance Accountants  
(PIPFA)**

**Registration Form**

**Seminar on Audit Risk**

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Membership #: \_\_\_\_\_ Student Registration #: \_\_\_\_\_

Designation: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

**PLEASE RETURN THE COMPLETED FORM TO:**

**Atiq Ur Rehman**  
Centre in- Charge  
PIPFA Islamabad Office  
14 - K, Firdous Plaza, F-8 Markaz,  
Islamabad.  
Phone # 051-2851572  
Mobile # 03332166132  
Email: atiq@pipfa.org.pk



**Acknowledgement**

It is acknowledged that Registration of Mr. /Ms. \_\_\_\_\_ for Seminar on Audit Risk is confirmed; please bring this acknowledgement along with you at Seminar venue.

**Authorized Signature & Seal**