

THE NEW BRUNSWICK INSTITUTE OF CHARTERED ACCOUNTANTS

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STUDENT RECORDS MASTERFILE UPDATE - REQUEST FOR INFORMATION

Please take a few moments to complete the form below and return it to us as soon as possible so we may ensure our records are as accurate as possible. BE SURE TO PROVIDE YOUR EMAIL ADDRESS SO YOU ARE ABLE TO RECEIVE NOTICES VIA EMAIL.

1. Last Name: _____; First Name: _____; Initial: _____

2. Please send all NBICA mailings to my: _____ Business Address _____ Home Address

3. Firm/Employer: _____

Mailing Address: _____

_____ Postal Code: _____

Business Phone: _____ Fax: _____

Email: _____

4. Residence Mailing Address: _____

_____ Postal Code: _____

Residence Phone: _____

5. Date of Birth: _____ (Day/Month/Year)

6. My preferred language for correspondence is: _____ English _____ French

7. Maiden Name (if applicable): _____

8. University Degree(s):

_____ Degree University Year Obtained

_____ Degree University Year Obtained

Signature

Date