



INTERNATIONAL BUSINESS STUDIES

Registration Form

Personal details:	
Full name	
Company	
Position	
Email address	
Work Telephone	Mobile Telephone
Registration address	
Place of residence	
ACCA Students Only	
ACCA Number	Date of Birth*
Company details to be invoiced:	
Company name	
Legal address	
Postal address	
Tel/Fax	
INN/	OKNX
Corporate charter or power of attorney	
Bank details	
Payment terms:	
A minimum deposit of 15% of the total fees is payable on submission of this form and any balance is due on registration for your course. This deposit is only transferable / refundable in accordance with the Terms and Conditions.	

By signing below I confirm that I have read and clearly understood all the terms of my enrolment, in particular clauses concerning refunds, deferments, waivers, course transfers within this form and agree to abide by them.

Name

Signature

Date

ACCA Part-time Courses 2018	Afternoon course	Evening course	Weekend course
✓ Please tick as appropriate			
FUNDAMENTALS-KNOWLEDGE			
FAB/AB Accountant in Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FMA/MA-Management Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFA/FA-Financial Accountant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNDAMENTALS-SKILLS			
LW-Corporate and Business Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM-Performance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TX-Taxation(UK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FR-Financial Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA-Audit and Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FM-Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICIAL USE ONLY		TOTAL PAYABLE FEE:	
Date Paid	Amount Paid	Comments	Balance