


CIMA Enrolment Form PROFESSIONAL



Bookings can also be made via **PHONE**, **ONLINE** and **EMAIL**. Please see **reverse** for details.

Please complete all parts of the Enrolment Form in **BLOCK CAPITALS**

Your Details



Title (Mr/Mrs/Ms/Miss) _____
Surname _____
First name(s) _____
Date of Birth / /
Address _____

_____ Post Code _____
Home Phone _____
Mobile Phone _____
Work Phone _____

Please provide an email address you have access to during and outside office hours. All communications, including those relating to your online learning and resources, will be sent to this email address.

Email Address

CIMA Registration Number _____

Note: It is your responsibility to complete the CIMA registration formalities and enter the CIMA examinations.

Your Employer's Details



Company Name _____
Company Registration Number _____
Training Manager's Name (Mr/Mrs/Ms/Miss) _____

Training Manager's Tel. Number _____
Training Manager's Email Address

Work Address _____

_____ Post Code _____

Your Signature



I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk


Your Signature _____
Date _____

DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and attendance unless your sponsor chooses not to receive this information

MARKETING POLICY – From time to time we would like to contact you with course information, news and offers which we think you might find useful. If you would prefer not to receive these please tick here

EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining your exam results from CIMA. If you do not wish the CIMA to share your results with us tick here

Payment Option 1: Your Employer is Sponsoring You



If you wish to submit a manual enrolment form and the employer is responsible for the payment of fees, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT Partnership have been granted in respect of the student and undertake to inform you in writing promptly of any change to this arrangement. We understand that we are fully responsible for the payment of amounts due to HTFT Partnership in all circumstances (including termination of employment or course cancellation). We confirm that we have read, understood and accept the terms and conditions and Policies (as defined below) detailed on www.htftpartnership.co.uk

Employer Signature _____ Name _____
Purchase Order Number _____ HTFT Customer No. H T F T - _____
Invoice Address (if different to work address above) _____ Contact Name _____
_____ Post Code _____

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	Operational				Management				Strategic			
	E1 EO	P1 PO	F1 FO	OICS	E2 EM	P2 PM	F2 FM	MICS	E3 ES	P3 PS	F3 FS	SICS
HTFT CIMA Resit	99	99	99	n/a	99	99	99	n/a	99	99	99	n/a
<i>Tick</i>				n/a				n/a				n/a
Total Per Paper (£)				n/a				n/a				n/a

Total Course Fees £ _____

Payment Option 2: Cheque / Online

I enclose a cheque for £_____ made payable to **HTFT Partnership Limited**

Bank transfer for £_____

Bank Name: HSBC Bank account name: HTFT
 Bank address: 34 Popular Road, Solihull, West Midlands, B91 3AF
 Sort code 40-42-12
 A/C number 92317591 (Include your CIMA ID number as a reference)

I would like to pay by debit/credit card (HTFT will invoice you for £_____)

Return Details

Please complete, scan and return this form to:
bookings@htftpartnership.co.uk or post to:
 5 Champion Way, Dickens Heath, Solihull, B90 1RX
 For additional queries please call: **0121 745 8842**