## 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	Your Employer's Details							
Title (Mr/Mrs/Ms/Miss)	Company Name							
Surname	Company Registration Number							
First name(s)	Training Manager's Name (Mr/Mrs/Ms/Miss)							
Date of Birth / /								
Address	Training Manager's Tel. Number							
	Training Manager's Email Address							
Post Code								
Home Phone								
Mobile Phone	Work Address							
Work Phone								
Please provide an email address you have access to during and outside office hours. All communications, includina those relating to your online learning	Post Code							
and resources, will be sent to this email address.								
Email Address	Your Signature							
	I confirm that I have read, understood and accept the terms & conditions							
CIMA Pagistration Number	and privacy policy detailed on www.htftpartnership.co.uk							
CIMA Registration Number	Your Signature							
and enter the CIMA examinations.	Date							
DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and atten								
<b>MARKETING POLICY</b> – From time to time we would like to contact you with course information these please tick here $\Box$	tion, news and offers which we think you might find useful. If you would prefer not to receive							
<b>EXAM RESULTS</b> – Within the terms of this agreement you agree to HTFT obtaining your exa	m results from CIMA. If you do not wish the CIMA to share your results with us tick here $\Box$							
Payment Option 1: Your Employer is Sponsoring You								
Partnership have been granted in respect of the student and undertake to inform you in wi	ent of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT riting promptly of any change to this arrangement. We understand that we are fully responsible nation of employment or course cancellation). We confirm that we have read, understood and							
Employer Signature	Name							
Purchase Order Number	FT Customer No. H T F T -							
Invoice Address (if different to work address above)	ontact Name							
	ost Code							



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HTFT	Operational				Management				Strategic			
PARTNERSHIP Providing an innovative accountancy learning solution	E1 EO	P1 PO	F1 FO	OICS	E2 EM	P2 PM	F2 FM	MICS	E3 ES	P3 PS	F3 FS	SICS
HTFT Ultimate Live	590	590	590	1250	660	660	660	1360	730	730	730	1400
Tick												
HTFT On-demand	475	475	475	905	495	495	495	905	505	505	505	910
Tick												
HTFT Instant	250	250	250	N/A	250	250	250	N/A	250	250	250	N/A
Tick												
Text Book only	40	40	40	N/A	40	40	40	N/A	40	40	40	N/A
Tick												
Total Per Paper (£)												
Please complete, scan and return bookings@htftpartnership.c  5 Campion Way, Dickens Heath For additional queries please call:	On-d	level (3 OTs and 1 Case Study).  Ultimate: There is a 5% discount for booking a Case Study and 1 or 2 OTs at that level  On-demand: There is a 10% discount for booking all papers for one level (3 OTs and 1 Case Study).  There is no time limit to complete the booked level, however the level is not refundable once the discount has been taken										
Total Course Fees  £												
Study Materials (for Ultimate and On-demand packages only)  Where would you like your CIMA approved study materials to be delivered to: Employer's address   Home address												
You will be required to print off the HTFT class notes yourself												
Payment Option 2: Cheque / C	nline											
☐ I enclose a cheque for £ made payable to <b>HTFT Partnership Limited</b>												
□ 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 £												

