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 (only complete if your employer is funding your studies)							
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, including 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 & condition							
CIMA Registration Number	and privacy policy detailed on www.htftpartnership.co.uk Your Signature							
Note : It is your responsibility to complete the CIMA registration formalities and enter the CIMA examinations.	Date							
DATA PROTECTION ACT – Your sponsor will be informed of your results, progress and atte MARKETING POLICY – From time to time we would like to contact you with course inform	endance unless your sponsor chooses not to receive this information nation, 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 examples and the terms of this agreement you agree to HTFT obtaining your examples and the terms of this agreement you agree to HTFT obtaining your examples and the terms of this agreement you agree to HTFT obtaining your examples agreement you agreement you agree to HTFT obtaining your examples agreement you agreement you agree to HTFT obtaining your examples agreement you agreement you agree to HTFT obtaining your examples agreement you agreement you agree to HTFT obtaining your examples agreement you agreement you agree to HTFT obtaining your examples agreement you	kam 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								
As employer of the student for whom this form is completed, we are responsible for payn Partnership have been granted in respect of the student and undertake to inform you in	s responsible for the payment of fees, please complete the following: ment of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HT writing promptly of any change to this arrangement. We understand that we are fully respons nination of employment or course cancellation). We confirm that we have read, understood ar							
Employer Signature	Name							
Purchase Order Number	Contact Name							
Invoice Address (if different to work address above)								
	Post Code							

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HTFT		Operational			Management				Strategic			
PARTNERSHIP Providing an innovative accountancy learning solution	E1 EO	P1 PO	F1 FO	OCS	E2 EM	P2 PM	F2 FM	MCS	E3 ES	P3 PS	F3 FS	SCS
HTFT CIMA Resit	99	99	99	499	99	99	99	499	99	99	99	499
Tick												
HTFT CIMA Resit (on-demand)	49	49	49	n/a	49	49	49	n/a	49	49	49	n/a
Tick n/a n/a n/a												n/a
Total Per Paper (£)												
Conditions 1. To book any CIMA Resit course you must have taken the appropriate OT or Case Study exam and failed in the previous three week period (for OT exams) or the previous Case Study exam window with a minimum scaled score of 90/150 (for OT exams) or 70/150 (for Case Study exams). 2. A screenshot from MyCIMA must be provided with the enrolment form. For CIMA OT Resits 3. You must provide evidence that you have booked your exam, and this must be within 21 days of your enrolment. 4. Access to all CIMA Resit resources will be limited to 21 days from enrolment. 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 bookings@htftpartnership.c 5 Campion Way, Dickens Heath For additional queries please call:	: <mark>:o.uk</mark> c n, Solih	or post to ull, B90	1RX									