

Your Details

ACCA Enrolment Form – HTFT Ultimate

funding your studies)

Your Employer's Details (only complete if your employer is

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

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

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 and resources, will be sent to this email address.	Post Code						
Email Address	Your Signature						
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	Before signing this enrolment form, students are reminded to ensure they						
ACCA Registration Number	have clearly understood all the terms of their enrolment with HTFT Partnership, in particular clauses concerning refunds, deferments, waivers,						
Note : It is your responsibility to complete the ACCA registration formalities and enter the ACCA examinations.	course transfers and visa applications (when applicable).						
	I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on www.htftpartnership.co.uk						
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	Your Signature						
prefer not to receive these please tick here $\ \square$ EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining							
your exam results from ACCA. If you do not wish ACCA to share your results with us tick here $\hfill\Box$	Date						
Payment Option 1: Your Employer is Sponsoring You							
If you wish to submit a manual enrolment form and the employer is	s responsible for the payment of fees, please complete the following:						
Partnership have been granted in respect of the student and undertake to inform you in w	nent of amounts due to HTFT Partnership on receipt of invoices, unless credit facilities with HTFT writing promptly of any change to this arrangement. We understand that we are fully responsible ination of employment or course cancellation). We confirm that we have read, understood and						
Employer Signature	·						
Purchase Order Number							
Invoice Address (if different to work address above)	Contact Name						
,							
	Post Code						



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Applied Knowledge				Applied Skills					Strategic Professional		Strategic Professional: Options				
	Accountant in Business	Management Accounting	Financial Accounting	Corporate and Business Law	Performance Management	Taxation	Financial Reporting	Audit and Assurance	Financial Management	Strategic Business Reporting	Strategic Business Leader	Advanced Financial Management	Advanced Performance Management	Advanced Taxation	Advanced Audit and Assurance
Ultimate	408	408	408	408	1150	1150	1150	1150	1150	1250	1250	1220	1220	1250	1220
Tick															
Tuition only	N/A	N/A	N/A	N/A	535	535	535	535	535	525	525	525	525	525	525
Tick	N/A	N/A	N/A	N/A											
Revision only	N/A	N/A	N/A	N/A	430	430	430	430	430	540	540	510	510	540	510
Tick	N/A	N/A	N/A	N/A											
QBR only	N/A	N/A	N/A	N/A	185	185	185	185	185	185	185	185	185	185	185
Tick	N/A	N/A	N/A	N/A											
Total Per Paper (£)															

NB: There is a 15% discount on the Total Package cost if you book before the 8th March '19 for the June '19 ACCA sitting

Please indicate which ACCA Exam Window you are sitting your exam in

Total cost		
±		

Payment Option 2: Cheque / Online		
\square I enclose a cheque for £	made payable to HTFT Partnership Limited	
☐ Bank transfer for £		
Bank Name: HSBC Bank account name: HTFT		
Bank address: 34 Poplar Road, Solihull, West N	Midlands, B91 3AF	
Sort code 40-42-12		
A/C number 92317591 (Include your ACCA ID	number as a reference)	
\square I would like to pay by debit/credit card (H 1	FFT will invoice you for £)	

Stud	y N	Иa	ter	ial	ķ



Where would you like your ACCA approved study materials to be delivered to:

Employer's address

Home address

You will be required to print off the HTFT class notes yourself

Please send your completed form to bookings@htftpartnership.co.uk