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				
Title (Mr/Mrs/Ms/Miss)	funding your studies) 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	Post Code				
hours. All communications, including those relating to your online learning 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 and privacy policy detailed on www.htftpartnership.co.uk				
CIMA Registration Number	Your Signature				
Note : It is your responsibility to complete the CIMA registration formalities and enter the CIMA examinations.	Date				
these please tick here \Box	endance unless your sponsor chooses not to receive this information ation, news and offers which we think you might find useful. If you would prefer not to receive cam 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					
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 t	s responsible for the payment of fees, please complete the following: 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 thership.co.uk				
	Name				
Purchase Order Number	Contact Name				
	Post Code				
Email Address for invoices to be sent to:					

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HTFT		Opera	ational			Manag	gement			Stra	tegic	
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												
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.

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Payment (Opt	ion 2:	Cheq	ue /	Onl	ine
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Lanclose a chaque for f	made navable to HTET 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 Campion Way, Dickens Heath, Solihull, B90 1RX

For additional queries please call: 0121 745 8842

