

**Your Details** 

## **ACCA Enrolment Form** – HTFT Ultimate

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.						
Email Address	Your Signature					
	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,					
<b>Note</b> : 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 <a href="https://www.htftpartnership.co.uk">www.htftpartnership.co.uk</a>					
<b>DATA PROTECTION ACT</b> – 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   EXAM RESULTS – Within the terms of this agreement you agree to HTFT obtaining	Tour Signature					
your exam results from ACCA. If you do not wish ACCA to share your results with us tick here $\Box$	Date					
	- Bute					
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						
Invoice Address (if different to work address above)	Contact Name					
	Post Code					



## **ACCA Enrolment Form** – HTFT Ultimate

	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	1050	1050	1050	1050	1050	1210	1210	1120	1120	1210	1120
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 7<sup>th</sup> June '19 for the September '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 £	<u></u>				
	Bank Name: HSBC Bank account name: HTFT					
Bank address: 34 Poplar Road, Solihull, West Midlands, B91 3AF						
	Sort code 40-42-12					
	A/C number 92317591 (Include your ACCA ID number as a reference)					
☐ I would like to pay by debit/credit card (HTFT will invoice you for £)						
_						

Stud	y Material	S

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

Employer's address  $\ \square$  Home address  $\ \square$ 

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

Please send your completed form to <a href="mailto:bookings@htftpartnership.co.uk">bookings@htftpartnership.co.uk</a>