CIMA Enrolment Form distance learning



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 and resources, will be sent to this email address.	Post Code							
Email Address	Your Signature							
	Total 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	ndance 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 am 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 paym Partnership have been granted in respect of the student and undertake to inform you in v	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 virting 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							
	lame							
Purchase Order Number	Contact Name							
Invoice Address (if different to work address above)								
	Post Code							
Email Address for invoices to be sent to:								

CIMA Enrolment Form distance Learning

 \square I would like to pay by debit/credit card (HTFT will invoice you for £_



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	
Distance Learning Plus	n/a	n/a	n/a	325	n/a	n/a	n/a	325	n/a	n/a	n/a	325	
Tick	n/a	n/a	n/a		n/a	n/a	n/a		n/a	n/a	n/a		
Distance Learning	n/a	n/a	n/a	199	n/a	n/a	n/a	199	n/a	n/a	n/a	199	
Tick	n/a	n/a	n/a		n/a	n/a	n/a		n/a	n/a	n/a		
CIMA Approved Text Book	40	40	40	n/a	40	40	40	n/a	40	40	40	n/a	
Tick				n/a				n/a				n/a	
Total Per Paper (£)													
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 It is important during your preparation for Case Study that you have access to content from the relevant E, F and P pillar syllabi. For this reason, we have included the option to order the CIMA approved study text on this enrolment form.													
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)													

