

**Your Details** 

## **ACCA Enrolment Form - Resit**

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

Company Registration Number \_\_\_\_\_

Training Manager's Name (Mr/Mrs/Ms/Miss)

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) \_\_\_\_\_\_

First name(s)

Address Post Code	Training Manager's Tel. Number							
Post Code	Training Managar's Email Address							
Post Code	Training Manager's Email Address							
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							
	Your Signature							
ACCA Registration Number	Before signing this enrolment form, students are reminded to ensure they have clearly understood all the terms of their enrolment with HTFT							
<b>Note</b> : It is your responsibility to complete the ACCA registration formalities and	Partnership, in particular clauses concerning refunds, deferments, waivers, course transfers and visa applications (when applicable).							
enter the ACCA examinations.	I confirm that I have read, understood and accept the terms & conditions and							
<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	privacy policy detailed on <u>www.htftpartnership.co.uk</u>							
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								
your exam results from ACCA. If you do not wish ACCA to share your results with us tick here $\Box$	Date							
Payment Option 1: Your Employer is Sponsoring You								
As employer of the student for whom this form is completed, we are responsible for pays 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 HTFT writing promptly of any change to this arrangement. We understand that we are fully responsible hination of employment or course cancellation). We confirm that we have read, understood and thership.co.uk							
Employer Signature	Name							
Purchase Order Number	Contact Name							
Invoice Address (if different to work address above)								
Post Code								
Email Address for invoices to be sent to:								

funding your studies)

Company Name \_\_\_



## **ACCA Enrolment Form – Resit**

		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	Strat Busii Repo	ness	Strategic Business Leader	Advanced Financial Management	Advanced Performance Management	Advanced Taxation		ed Audit surance
Resit		N/A	N/A	N/A	N/A	325	325	325	325	325	UK 325	INT 325	325	325	325	325	UK 325	INT 325
	Tick	N/A	N/A	N/A	N/A													
						_												
Total Per Pa	aper (£)																	

Please indicate which ACCA Exam Window you are sitting your Resit 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 Popular 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 £)						

Λ.	$\boldsymbol{\Gamma}$	٠٨.	Exa	m	V.
A	C	,н	LAG	ш	IZI

Please tick where you want your ACCA Exam Kit to be sent:

Home address □ Work address □

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