

# CIMA Professional: Resit Enrolment Form

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

## Your details

Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Date of Birth                /                /

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

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


CIMA Registration Number \_\_\_\_\_

**Note:** It is your responsibility to complete the CIMA registration formalities and enter the CIMA examinations.

## Your employer's details (only complete if your employer is funding your studies)

Company Name \_\_\_\_\_

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

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

\_\_\_\_\_

Training Manager's Tel. Number \_\_\_\_\_

Training Manager's Email Address


Work Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

## Signature

*I confirm that I have read, understood and accept the terms & conditions and privacy policy detailed on [www.htftpартnership.co.uk](http://www.htftpартnership.co.uk)*

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

**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 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 CIMA. If you do not wish the CIMA to share your results with us tick here ☐

## Payment option 1: Only complete if 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.htftpартnership.co.uk](http://www.htftpартnership.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:

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	E1: MFDW	F1: FR	P1: MA	OCS	E2: MP	F2: AFR	P2: AMA	MCS	E3: SM	F3: FS	P3: RM	SCS
<b>HTFT resit</b>	£135	£135	£135	£499	£135	£135	£135	£499	£135	£135	£135	£499
Tick to enrol												

**Prior Learning:** Please indicate with a tick which CIMA exams you have passed

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## Total course fees

£ \_\_\_\_\_

## Payment option 2: Only complete if you are paying

☐ 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 £ \_\_\_\_\_)

## Returning this form

Please return this form to [bookings@htftpartnership.co.uk](mailto:bookings@htftpartnership.co.uk)

**NB:** with **ALL** resit bookings, we require evidence of your eligibility to be returned with this form – this is usually a screenshot of your MYCIMA page showing exam results and dates.



**CIMA**

Registered Tuition Provider