

ACCA COURSE ENROLMENT FORM

1a. Your Details

Surname _____
 Forename _____ Mr/Miss/Ms/Mrs
 Address _____

 _____ Postcode _____
 Telephone (home) _____ (work) _____
 E-Mail: _____

b. Your Employers Details

Students sponsored by their employer must fill in this section and section 2c.

Training Manager's name _____
 Company name _____
 Address _____

 _____ Postcode _____

c. Please mail all study material to home / work* address

(*DELETE AS APPROPRIATE)
 Please note that delivery will take approximately seven days from receipt of your order. A signature is required for all deliveries so please supply an address which will be occupied during office hours.

2a. Course Information

Please tick the box (es) for which paper(s) you are enrolling onto from the following table and state the month and year you wish to sit the examination:

New Syllabus		Price (£) Please tick	Amount (£)	EXAM Jun / Dec and year
F1	Accountant in Business	£199		
F2	Management Accounting	£199		
F3	Financial Accounting	£199		
F4	Corporate and Business Law (UK)	£199		
F5	Performance Management	£199		
F6	Taxation FA 2011	£199		
F7	Financial Reporting	£199		
F8	Audit & Assurance	£199		
F9	Financial Management	£199		
P1	Governance, Risk and Ethics	£199		
P2	Corporate Reporting	£199		
P3	Business Analysis	£199		
P4	Advanced Financial Management	£199		
P5	Advanced Performance Management	£199		
P6	Advanced Taxation FA 2011	£199		
P7	Adv. Audit & Assurance	£199		
Postage and packaging				
	UK (price per paper)	£16		
	Rest of the World (price per paper)*	£49		
TOTAL COST		£		

*Please note the overseas P&P of £49 is a quote and we will confirm the final amount of P&P due when the delivery address and country have been confirmed.

b. Method of payment

Tick one box only
 Please invoice my employer and make sure that section 2c is completed.
 I enclose a cheque / PO made payable to PREMIER TRAINING
 For £ _____
 Please charge my credit / debit card number

Expiry date / Issue number Start date (switch only) /
 Security Number (last 3 digits on reverse of card)

Please supply card holder's name and address if different to that above:

c. Student's / Employers authorisation

I/We are responsible for payment of all fees due on receipt of the invoice in respect of the student here named and undertake to inform you in writing of any changes to this agreement.
 I/We understand that we are fully responsible for the payment of fees due in all circumstances including termination of employment and cancellation of the course.
 Name _____ Position _____
 Signature _____ Date _____

I/We have read/heard and agreed to the Terms & Conditions

3. Academic Background and other details

Please tick to indicate your other qualifications and provide brief details below. Please note that this information is used for marketing purposes only and will have no effect on your enrolment
 'A' Levels GNVQ Advanced HND Degree
 Other Subjects

a. Where did you hear about us?

How to enrol

☎ By phone. If you are paying by credit/debit card and have a few minutes to spare call: 01469 515444
 If your employer has asked to be invoiced please ask them to sign section 2c then fax the completed form on 01469 515447.
✉ By post. Send your completed enrolment form, with payment to **Premier Training**, Schenker Building, Eastfield Road South, South Killingholme, North Lincolnshire, DN40 3DQ.