

# ICAEW BOOKING FORM

## JERSEY



PERSONAL DETAILS		AUTHORISATION TO INVOICE EMPLOYER	
Title	Date of Birth	Company Name	
First Name		Company billing address	
Last Name			
Home Address		Town/City	Post code
		Authorising Manager	
		Job Title	Tel
Town/City	Post Code	Email	
Work Email		Authorising signature*	
Work Tel			
Signature*			
<p><i>*Student signature, by signing, I accept BPP's Privacy Policy (as amended from time to time) and consent to BPP providing the personal data (including sensitive personal data) to my Employer. By submitting this application form, I confirm that I agree to the terms and conditions applicable to the course(s) and study materials.</i></p>			
Mobile No		GST ISE Number	
Home Email		PO Number	
PLEASE CIRCLE AS APPLICABLE BELOW		Accounts Payable Tel	
Self-funded	Employer funded	Accounts Payable email	
		Employer to be notified of exam results & absences?	

*Do you have any special needs/disability that may affect you in the event of a building evacuation whilst you are on BPP premises? Yes No  
(If yes, please arrive for the start of the first day of your course 15 minutes early to allow for the local site Health & Safety Officer to complete the necessary evacuation procedure and assessments with you.)*

COURSE DETAILS				
Programme	Course	Course Location	Start date	Price

PAYMENT DETAILS				
BY CHEQUE <input type="checkbox"/>	Please enclose cheque made payable to <b>BPP (CI) Limited</b>			
BY CARD <input type="checkbox"/>	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>		
Card holder's name:				
Card holder's address:				
Postcode:	Date:			
Card Number:				
Security code:	Valid from:	Expiry date:		

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