

THE ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS (ACCA)

ENROLMENT FORM

PERSONAL DETAILS	
LAST NAME: FIRST NAME:..... FATHER'S NAME:..... ADDRESS	TELEPHONE Home:..... Office:..... Mobile: E-MAIL:..... DATE OF BIRTH:..... ACCA Registration No:.....
SPONSORED STUDENTS	
NAME OF SPONSOR: ADDRESS:..... Notes 1. A Sponsorship Letter must be submitted to PA College 2. The ultimate responsibility for settling the fees remains with the student.	

Please ensure that the reverse side is completed

I wish to enrol on the following ACCA subjects (Tick the appropriate boxes):

Paper F1.....	<input type="checkbox"/>	Paper P1.....	<input type="checkbox"/>
Paper F2.....	<input type="checkbox"/>	Paper P2.....	<input type="checkbox"/>
Paper F3.....	<input type="checkbox"/>	Paper P3.....	<input type="checkbox"/>
Paper F4.....	<input type="checkbox"/>	Paper P4.....	<input type="checkbox"/>
Paper F5.....	<input type="checkbox"/>	Paper P5.....	<input type="checkbox"/>
Paper F6.....	<input type="checkbox"/>	Paper P6.....	<input type="checkbox"/>
Paper F7.....	<input type="checkbox"/>	Paper P7.....	<input type="checkbox"/>
Paper F8.....	<input type="checkbox"/>		
Paper F9.....	<input type="checkbox"/>		

I agree to the terms of the enrolment with PA College in respect of the ACCA course(s) marked above. I also grant permission to PA College to release my name and registration number to ACCA, and to collect my ACCA results data from ACCA directly.

Signature:..... Date:.....

FOR OFFICE USE ONLY

INVOICE	€	PAYMENTS		B/CE	REMARKS
		DATE	€		
TUITION FEES				€	
MATERIALS					
APPLICATION FEE					
REGISTRATION FEE					
TOTAL					
LESS: DISCOUNT					
NET AMOUNT					