ENF17.2
50517

Belstar Training Centre

Knowledge empowers. Wisdom elevates

ENF

ICSA ref
CISI ref

Enrolment form

1 Personal Details

Surname …… Mr/Mrs/Ms

First Name …… Preferred Name ……

ID NOS |___|___|___|___|___|___|___|___|___|___|___|___|___| To attach copy of Id card

Residential …….. Contact Numbers
Address ……..

Mobile	Ofice

……

email add at work email add off work ……

Your highest qualification			Please attach a copy of your highest qualification

2 Employment Details

Employer ……
Sector of Activity ……
Post Occupied ……
Work Address ……
……

For sponsored students

I authorise Belstar Trainimg Services Ltd to communicate to my sponsor details of my performance and attendance

……..
Signature Date

3 For which module(s) do you wish to enroll for the current semester

ICSA	Level 1	Level 2
Corporate Governance		FDM
Corporate Law		CSP
Applied Business Law		SIP
Financial R & Analysis		FCS

CISI	Chartered Institute for Securities & Investment
FFS	Fundamental of Financial Services
ISI	Introduction to Securities & Investment
CWIM 3	Certificate in Wealth & Invesment Management
CWIM4	Advanced Wealth Management

4 Please refer to Information sheet for details of Fees, Time Table etc

5 Terms and conditions for Enrolment

I confirm having taken cognizance of the Rules and Regulations, Students Charter and Refund policy I agree to be bound by same . I fully understand and accept that

1 Once enrolled , a student is liable for the full fees
2 The course fees cover all the sessions irrespective of whether or not a student attends
3 Course Fees are not refundable except as specified in the refund policy
4 All material provided to student in hard or soft copy remains the property of Belstar Training Centre
5 I confirm that information given in this enrolment form and in any attachment thereto is correct

Signature Date

…… detach here ……

ENF This slip must be submitted to the tutor in order to access the class

Dear Tutor , The student named below having completed all formalities may be admitted into your class

6		
	Name of Student	Tutor
	Mobile	Module
	Email	Room No
	Administrator Date	STAMP