



Belstar Training Centre

Knowledge empowers. Wisdom elevates

ICSA

CISI

Enrolment form 2018-01

1 Personal Details Surname Mr/Mrs/Ms First Name Preferred Name ID NOS To attach copy of Id card Residential Contact Numbers Address Mobile Office 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 Training Services Ltd to communicate to my sponsor details of my performance and attendance Signature Date				
3 For which modules you wish to enroll <i>please indicate with a tick</i>								
						am morning session pm afternoon session		
ICSA Institute of Chartered Secretaries & Administrators								
CG (am)		CL (am)	FRA (pm)	ABL(pm)	FDM(am)	CSP(am)	SIP(pm)	FCS(pm)
CISI Chartered Institute for Securities & Investment								
CISI Level 3 Certificate in Wealth & Investment Management (am)								
CISI level 4 Certificate in Advanced Wealth Management (am)								
4 For any additional Info please your request email to adminbelstar@intnet.mu								
5 Terms and conditions for Enrolment I have 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 the Centre I confirm that all the information given on this form is correct and I accept unconditionally the above terms and conditions Signature Date Thank you for enrolling with us We'll contact you shortly to acknowledge receipt of your application and indicate what further action you need to take For Office Use								

Incorporated as Belstar Training Services Ltd -BRN C08018261

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