Student Registration Form

CIMA

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Reference (Please ignore if bla	e number	•				e previo) 20 884						FORM.		
Please note your student												y if you w		
eference number. t will be used in ALL future correspondence				will If yo	be del ou do r	ayed an	from t	may r	not be a	able to within 2	enter tl 21 days	rmation, he next e of subm	xaminat	tion. our
Personal	details											on + 44 (0		
Date of birth (dd		Age	National		ase wri	te in BL	LOCK (CAPII	ALS US	sing BL	ACK II	nk in the	spaces	provide
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lse guidelines ight Please enclo		ert your full Chir ert your full nam	nese name le in the su	in the so	urname						names	s in the fo	orename	(s) box
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			Yes		No								Yes		No	
Are you	currently in full time							conta			ploye	r?				
	Please write in Bl	OCK CAPITAL	.S usir	ng BLA	CK ink	in the	spac	es pro	ovide	d						
Job Title																
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Education and first examinations

Please make sure you attach certified copies of educational certificates/ professional qualifications to this application. You must also include a course transcript as proof of options taken. If you hold a higher level qualification such as a degree you do not need to include your school certificates . ALL QUALIFICATIONS / TRANSCRIPTS MUST BE IN ENGLISH.

Name of College / University / Professional Body (Most recent first)	Qualification	Options	Grade	Dates (mm/yy) Awarded
IMPORTANT:					
Completing this form does not enter yo for the exams. You will receive a separate Exam Entry form shortly after		nation in May 20			
registration.			667113	35155	

Profess	ional D	evelopme	ent					
	e and title/ position any's business	on of individual resp	onsible for your profess	ional dev	elopment and	d the main n	ature of you	r
Name								
Job title								
Nature of business								
How did	d you fii	nd out ab	out CIMA		Place ar	n X in the I	box to mark y	our choice
	What influence	d you to register with	n CIMA?		How	did you requ	uest this forn	1?
	Advert	Careers fair	Friend/ family			Fax	Ph	one
	Internet	Presentatio	n Read about it			Letter	Int	ernet
	Employer	Careers adv	visor Other			e-mail	Ot	her
Ethnic r	nonitor	ing			Place ar	n X in the I	box to mark y	our choice
Please help us to the ethnic origins students.		White	Indian	Bar	ngladeshi	Blac	k - African	
This information is voluntary and will be used for analysis only.		Chinese	Pakistani	Bla	ick - Caribbea	an 🗌		
		Black other			Other			

Declaration
IMPORTANT: Please read the notes below carefully before completing this section.
Please place a cross in the box ONLY if the paragraph below is applicable
I confirm that I have been subject to disciplinary sanction by another body or tribunal, or been convicted of an offence (other than an offence leading to a conviction which is now spent under the relevant juristiction) which may be relevant to my proposed registration or future membership of the Institute. I wish to declare the sanctions or convictions detailed in the attachment to this form, and recognise that the Institute may refuse my application for registration in the light of the information supplied by me, and may take such further enquiries in connection with my application as may be considered necessary.
I hereby make application for admission as a registered student on the basis of the particulars given on this form and certificates enclosed, which I certify to be correct. I undertake, if admitted, to comply with the rules of the Institute and the standards of the professional conduct and competance (copies will be sent to you on registration).
I understand that, in addition to passing the examinations, I must have at least three years relevant practical experience in order to apply for membership of the Institute, and that I should apply for membership within five years of completing the examinations. I recognise that, until I obtain membership, I must not refer to myself as a CIMA member, a Chartered Management Accountant, or use the designatory letters FCMA or ACMA after my name.
Signature Day Month Year Date / 120
Data Protection CIMA may on occasion use the details from this form for the purpose of mailing you with information of recruitment opportunities, course providers and related business services. Your details are never passed directly to the advertising organisations concerned, the mailings are carried out by CIMA or an appointed mailing house. If you DO NOT wish the details on this form to be made available for direct mailing purposes, please place a cross in the box
Returning your form Please return this form in the envelope provided or see the Student Registration Brochure for further details. Place an X in the box to mark your choice
Checklist Completed direct debit Completed remittance advice Education certificates Preferred method of communication Mail e-Mail 0302135431