

Employment

Place an **X** in the box to mark choice

	Yes	No		Yes	No
Are you currently in full time employment?	<input type="checkbox"/>	<input type="checkbox"/>	Can we contact your employer?	<input type="checkbox"/>	<input type="checkbox"/>

Please write in **BLOCK CAPITALS** using **BLACK** ink in the spaces provided

Job Title

Company Name

Department

Address

Town/ city

County/state

Country

Postcode/
zip code

Country code

Area code

Phone number

Extension

Switchboard

Company fax

e-mail

@

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)	
				Start	Awarded

IMPORTANT:

Completing this form does not enter you for the exams. You will receive a separate Exam Entry form shortly after registration.

I intend to enter my first examination in

May 20

November 20

6671135155

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 jurisdiction) 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 competence (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

Date

Day Month Year
 / /20

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 in the box to mark your choice

Checklist Completed direct debit Completed remittance advice Education certificates

Preferred method of communication Mail e-Mail

0302135431