



# Registration Form

THIS FORM IS ONLY TO BE FILLED IN ELECTRONICALLY. SUBMIT THE FORM BY CLICKING 'SUBMIT' BUTTON BELOW.  
IF YOU CHOOSE TO SEND THE FORM BY FAX THEN AFTER TYPING IN THE FORM, CLICK 'PRINT' BUTTON BELOW.  
YOU MAY ALSO SAVE & THEN SEND AS ATTACHMENT THROUGH EMAIL, CLICK 'SAVE' BUTTON BELOW.

**IMPORTANT NOTE:** ALL 'RED BORDER' FIELDS ARE TO BE FILLED IN COMPULSORY & 'TICK' THE CHECK BOX IN LAST TO 'SUBMIT' FORM

PERSONAL DETAILS			
TITLE			
FULL NAME			
DATE OF BIRTH			
GENDER	MALE	FEMALE	
NATIONALITY			
ID NUMBER			
ADDRESS			
CITY			
	POSTCODE		COUNTRY
TELEPHONE NUMBER		MOBILE	
FAX		EMAIL	
INVOICING ADDRESS			
ORGANIZATION			
ADDRESS			
CITY			
	POSTCODE		COUNTRY
TELEPHONE NUMBER		FAX	
EMAIL			
COURSE FEES & PAYMENTS			
<u>FEES DETAILS</u>	<u>A.E.D. (UAE DIRHAMS)</u>	<u>TERMS &amp; CONDITIONS :</u>	
MAIN COURSE FEES			
CERTIFICATION FEES			
EXAMINATION FEES			
ADMINISTRATION FEES			
VAT @ 5% 100036463600003			
<b>TOTAL AMOUNT</b>		PAYMENT METHOD	
AUTHORIZATION			
PAYMENT TRANSACTION DETAILS (FOR OFFICE USE ONLY)		DATE	
TRANSACTION NO.:		I confirm that the above details are at best of my knowledge & agree to terms & conditions. <u>check box</u>	
REGISTRATION NO.:			

Once you have submitted or faxed the form, you will be emailed soon with the booking ID no. and payment instructions.