ENROLMENT FORM GREECE

www.int-comp.com







Please complete in **BLOCK CAPITALS**

1. Personal details	2. Employer details		
Title:	Business type:		
First name(s):	Banking	Betting & gaming	Capital markets
Last name:			
Name to appear on certificate (if different):	Energy	Healthcare/ pharmaceuticals	Securities/ investment
Job title:	Regulator	Insurance	Telecoms
Date of birth:	Other:		
Address:	Name:		
, tadi essi	Address:		
Postcode/Zip:	Postcode:		
Country:	Country:		
Email address:	Accounts telephone number:		
Telephone number:	Accounts email address:		
Mobile number:	3. How did you hear about this course?		
Special dietary requirements: Please provide details	Manager	Colleague	Search engine
	Facebook	Twitter	LinkedIn
Do you suffer from any disability or illness that may affect your training and assessment? YES NO If yes, please provide details:	Email	Brochure	Already knew about ICT
	ICT partner/other		
	Please state if ICT partner/other:		

Equal opportunity and disability statement

ICT welcomes applications from students with additional support needs as a result of a disability, medical condition or specific language difficulty e.g. dyslexia.

All applications will be considered under the same criteria as other applications. You are encouraged to contact the ICT team (ict@ int-comp.com) to discuss any requirements you may have relating to your study or other needs as soon as possible.

This is so that we can take all reasonable steps to ensure your needs are met and that the relevant staff are informed of support requirements at the earliest opportunity.

ICT will take all reasonable steps to ensure that applicants who meet the academic criteria will not be excluded from the course that interests them for reasons relating to their disability. However, there may be rare occasions that we would be unable to meet an individual's needs, but this would be discussed in detail and every avenue investigated before a decision was made.

4. ICA membership

You need to be a member of ICA to access your resources and to complete your assessment(s). This is required, as a minimum for the duration of your studies although many students commit to ongoing membership to ensure continuous professional development, the opportunity for recertification and to retain the ability to use the post nominal designations (AICA, MICA or FICA).

Visit https://www.int-comp.org/membership/the-membership-journey/ for more information

Are you an ICA member? YES NO
If yes, state ICA membership number*:

* Please refer to your communications from ICA for this number

5. Membership level

Do not complete this section if you are already an ICA member

Affiliate 12months (€115)

6. Course details

Preferred workshop location:

Preferred exam location:

Preferred exam date:

7. Course fees

	Course fee	Self funded payment option
ICA International Diploma in Governance, Risk & Compliance	€3600	4 monthly or bi-monthly payments of €900

8. Who is paying for your course fees?

Self funding

ICT do offer interest free instalment plans if you are enrolling on the Advanced Certificate, Diploma or Professional Postgraduate Diploma course. Instalment options allow you to spread your course fees over four equal monthly or bi-monthly payments. Instalment payments are payable by Credit/Debit card and will be collected on 15th of each month or bi-monthly if selected. If you select this option you will be required to pay the first instalment immediately upon booking.

Payment options:**

Pay in full by credit card
Pay in 4 monthly payments

Pay in 4 bi-monthly payments

Employer sponsored

As your employer is paying for your course we will need verification from them to process your application. Please provide the contact details below of a representative within your company and request them to verify your application, we will not be able to process your enrolment unless it is verified by your employer.

Upon receipt of your enrolment form, two separate invoices; one for full course fees and one for membership will be sent. Invoices must be paid within 30 days of receipt.

Employer contact name:

Employer contact email:

Employer signature:

Date:

If your employer requires a cost centre/purchase order number in order to process an invoice, please provide details below:

Please provide your employer's VAT number:

BACS payment

Piraeus Bank

Account number: 6649-135642-795 IBAN: GR74 0171 6490 0066 4913 5642 795

Swift: PIRBGRAA

9. Terms and Conditions

I confirm that I have read and accept ICT's (www.int-comp.com/terms-and-conditions) and ICA's (www.int-comp.org/terms-conditions/) Terms and Conditions.

Student (please print name):

Signature:

Date:

10. Data protection

The information you have provided will be used by the ICA/ICT or approved agents for administrative, membership and educational purposes or as required by law.

From time to time ICA/ICT may pass your details to third parties to enable them to send you information about products and services approved by ICA/ICT.

Yes, please include me.

No, please don't include me

SAVE FORM

^{**} you will be contacted upon receipt of your enrolment form for your payment details.