



Student Enrolment Form

ASIC Specialist Advisory Courses (ASIC RG146 / PS146 Compliance)

**Return Fax:
(03) 9614 2728**

**GEELONG CAMPUS
NOW OPEN**

Tel : 1300 669 786
Fax : (03) 9614 2728
www.ibi.edu.au
training@ibi.edu.au

Postal Address

**Head Office
Investment Banking Institute
Level 2, 460 Collins Street
VICTORIA 3000**

1. Student Details:

Family Name: Mr/Mrs/Ms/Miss/Dr _____ Given Name: _____
 Mailing Address: _____ Post Code _____ State _____
 Contact Nos.: Work Tel: _____ Mobile: _____
 Email: _____ Date of Birth : _____
 Special Needs (Yes/No) (details) _____ Occupation: _____
 Qualifications: Undergraduate _____ Post Graduate _____
 Company Name: _____ Industry Experience: < 3 yrs >3 yrs

2. ASIC Registered Courses (GST exempt):

	Classroom (Face to Face)	Distance	Recognition Pathway**
Individual Diploma Courses			
<input type="checkbox"/> Financial Advice (Generic Knowledge + Financial Planning Skills)	<input type="checkbox"/> \$800	<input type="checkbox"/> \$599	<input type="checkbox"/> \$500
<input type="checkbox"/> Generic Knowledge (General Advice + Industry Core)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$299	<input type="checkbox"/> \$250
<input type="checkbox"/> Financial Planning Skills (Personal Advice)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$299	<input type="checkbox"/> \$250
<input type="checkbox"/> Risk Management (Personal and General Insurance)	<input type="checkbox"/> \$800	<input type="checkbox"/> \$399	<input type="checkbox"/> \$400
<input type="checkbox"/> Investments (Securities, Managed Investments, Derivatives)	<input type="checkbox"/> \$990	<input type="checkbox"/> \$499	<input type="checkbox"/> \$400
<input type="checkbox"/> Superannuation	<input type="checkbox"/> \$800	<input type="checkbox"/> \$399	<input type="checkbox"/> \$400
Specialist Adviser Courses			
<input type="checkbox"/> Risk Management Adviser (General Advice)	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$799	<input type="checkbox"/> \$500
<input type="checkbox"/> Risk Management Adviser (Personal Advice)	<input type="checkbox"/> \$1,299	<input type="checkbox"/> \$999	<input type="checkbox"/> \$500
<input type="checkbox"/> Investment Adviser (General Advice)	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$799	<input type="checkbox"/> \$500
<input type="checkbox"/> Investment Adviser (Personal Advice)	<input type="checkbox"/> \$1,299	<input type="checkbox"/> \$999	<input type="checkbox"/> \$500
<input type="checkbox"/> Superannuation Adviser (General Advice)	<input type="checkbox"/> \$1,099	<input type="checkbox"/> \$799	<input type="checkbox"/> \$500
<input type="checkbox"/> Superannuation Adviser (Personal Advice)	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$999	<input type="checkbox"/> \$500
<input type="checkbox"/> Derivatives Adviser (General Advice)	<input type="checkbox"/> \$760	<input type="checkbox"/> \$599	<input type="checkbox"/> \$500
<input type="checkbox"/> Derivatives Adviser (Personal Advice)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$799	<input type="checkbox"/> \$500
<input type="checkbox"/> Managed Investments Adviser (General Advice)	<input type="checkbox"/> \$760	<input type="checkbox"/> \$599	<input type="checkbox"/> \$500
<input type="checkbox"/> Managed Investments Adviser (Personal Advice)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$799	<input type="checkbox"/> \$500
<input type="checkbox"/> Securities Adviser (General Advice)	<input type="checkbox"/> \$760	<input type="checkbox"/> \$599	<input type="checkbox"/> \$500
<input type="checkbox"/> Securities Adviser (Personal Advice)	<input type="checkbox"/> \$999	<input type="checkbox"/> \$799	<input type="checkbox"/> \$500

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3. Preferred Workshop Location and Dates (Please complete if applicable):

Location: Geelong / _____
Melbourne / _____
Sydney / _____
Perth / _____
Brisbane / _____

Date(s): _____

4. Payment Details (Please ✓ according):

I posted my cheque that was made payable to "Investment Banking Institute Pty. Ltd."; or

Please debit the amount \$ _____ to my: Visa Mastercard

No.:

Card Holder's Name: (Please Print) _____ Expiry date ____/____/____

Card Holder's Signature: _____

A bank transfer has been made to "Investment Banking Institute Pty Ltd" BSB: 013 247 Account: 478664332

Transfer Date: ____/____/____ Bank of Origin: _____ Reference _____

Fax Back:
(03) 9614 2728

All Information is
Strictly Confidential

Please Complete the Student Enrolment Form and Fax to **(03) 9614 2728** or

Post Cheques to
Investment Banking Institute Pty. Ltd.
Level 2, 460 Collins Street, VIC 3000

Confirmation of your Course Enrolment, Tax Invoice and Course Materials will be sent to you upon receipt of payment.

Tel : 1300 669 786

Fax : (03) 9614 2728

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Post

Investment Banking Institute
Level 2, 460 Collins Street
VIC 3000

5. Student Declaration:

I declare that I have read the Student Information Guide and agree to be bound by the terms and conditions stated therein. I further declare that all the information provided by me is true and correct. I also grant **Investment Banking Institute Pty. Ltd.** consent to use my personal information, photo, course feedback and email information about other future courses.

Signature: _____ Date ____/____/____