

Student Enrolment Form

Advanced Diploma of Financial Planning (FNS60410)

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

Post

Investment Banking Institute
Level 2, 460 Collins Street
VIC 3000, Australia

1. Student Details:

Family Name: Mr/Ms (circle) _____ Given Name: _____
 Mailing Address: _____ Post Code _____ State _____
 Work Fax: _____ Work Tel: _____ Mobile: _____
 Email: _____ Age: _____
 Special Needs (Yes/No) (details) _____ Occupation: _____
 Qualifications: Undergraduate _____ Post Graduate _____
 Company Name: _____ Industry Experience: < 3 yrs >3 yrs

2. National Registered Courses (GST exempt):

	Classroom (Face to Face)	Distance	Recognition Pathway**
<input type="checkbox"/> Advanced Diploma (Full Course)	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$1,699	<input type="checkbox"/> \$1000
<u>Individual Advanced Diploma courses</u>			
<input type="checkbox"/> Taxation Planning (ADFS1)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$350
<input type="checkbox"/> Estate Planning (ADFS2)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$350
<input type="checkbox"/> Investments (ADFS3)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$350
<input type="checkbox"/> Advanced Advice (ADFS4)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$350

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

Location: _____ Date(s): _____

3. 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 _____

Please Complete the Student Enrolment Form and Fax to **(03) 9614 2728** or Send by Post Cheque to Investment Banking Institute Pty. Ltd., Level 2, 460 Collins Street, VIC 3000. Confirmation of your Course and Course Materials will be sent to you upon receipt of payment.

4. 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 ____/____/____

** Please complete the Recognition Pathway Kit Downloaded from www.ibi.edu.au, No fee for straight credit transfer

Official Supplier of Financial Services Education