

Student Enrolment Form

Diploma of Financial Planning (FNS50610) ASIC Registered RG146 compliance

**ASIC RG146
Compliance**

**Return Fax
(03) 9614 2728**

**All Information
Strictly Confidential**

1. Student Details:

Family Name: Mr/Ms (circle) _____ Given Name: _____
 Mailing Address: _____ Post Code _____ State _____
 Work Fax: _____ Work Tel: _____ Mobile: _____
 Email: _____ Date of Birth: _____
 Special Needs (Yes/No) (details) _____ Occupation: _____
 Qualifications: Undergraduate _____ Post Graduate _____
 Job Scope (circle): _____ Customer Service/Sales/Compliance _____ Industry Experience: < 3 yrs >3 yrs

a) Classroom Workshop **Melbourne** **Sydney** **Brisbane**

Diploma of Financial Planning (FNS50610)	<input type="checkbox"/> \$3,499	<input type="checkbox"/> \$3,499	<input type="checkbox"/> \$3,799
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b) Distance Education **\$1,599**

c) Recognition Pathway** **\$1,599**

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
 Post Cheques to Investment Banking Institute Pty. Ltd., Level 2, 460 Collins Street, VIC 3000
 Confirmation of your Course, Tax invoice and Course Materials will be sent to you upon receipt of payment.

4. Student Declaration:

I declare that I have read and understood 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 to me.

Signature: _____ (Block Letters) _____ Date ____/____/____

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

Diploma of Financial Planning (FNS50610)

Tel: 1300 669 786

Fax: (03) 9614 2728

www.ibi.edu.au

training@ibi.edu.au

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