

# Certificate in VAT Techniques

## Accredited by QQI (Level 6 Special Purpose)

### Enrolment Application Form

INT17

#### 1. PERSONAL DETAILS

\*Company details are optional

Forename		Company	
Surname		Address	
Address			
Tel Home		Tel Work	
Mobile		Email	

Please state your nationality (eg Irish, French, Polish)  PPS Number

Date of Birth  Gender Male  Female

#### 2. COURSE DETAILS (Please enter the name of the course you are enrolling for)

Venue  Distance Learning

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If you were referred by a previous student/member please enter their details below:

Referred by:  Student/Member ID Number

#### 3. FEES SECTION (please indicate with an X as appropriate)

*Student Registration Fee:	€200.00	x
*Course Fee	€990.00	x
<b>**Revision Day (Optional)</b>		
December 2017	€100.00	
May 2018	€100.00	

#### FEES ARE NON REFUNDABLE AND PAYABLE IN ADVANCE

I agree to IPASS processing personal data contained in this form or other data which IPASS may obtain from me or from other people whilst I am a student. I also agree to be bound by the rules and regulations set out in the IPASS Student Handbook.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*The Revision Pack is included free of charge for Distance Learning students. Please see [www.ipass.ie](http://www.ipass.ie) for conditions**

#### Please Select Your Payment Option

Discounts Available		Paying in full with enrolment
Paying Fees in Full	(€50.00)	Paying in 2 Stages (September & February)
Studying via Distance/Online learning	(€250.00)	Paying by Direct Debit
<b>Total Fee Due:</b>		Please email <a href="mailto:ask@ipass.ie">ask@ipass.ie</a> for a direct debit form. An initial payment of €500.00 followed by 6 monthly payments.

#### 4. PAYMENT DETAILS

Cheque  Credit Card  Debit Card  Invoice Employer

Employers Signature: (required if Invoice Employer is selected) \_\_\_\_\_

Payment by credit card is subject to a 2% surcharge. No surcharge applies to payment by Debit Card

Credit/Debit Card No

Expiry Date Month  Year  CVV Number

Signature of card holder \_\_\_\_\_

Address \_\_\_\_\_

For Office Use Only	Date Received		Invoice No	
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