

ENROLMENT FORM

TutorShip – Understanding Shipping

ACCREDITED BY

THE CORRESPONDENCE COLLEGE OF
THE INSTITUTE OF CHARTERED SHIPBROKERS

To ENROL you should complete this form in block letters and send it to:

TUTORSHIP
Institute of Chartered Shipbrokers
Cyprus Branch
c/o P O BOX 56607
Limassol

Surname (Block Letters) Capt/Mr/Mrs/Miss/Ms

Business / Employer

Company Name _____

Name _____

Home Address _____

Address _____

Post Code _____ Town _____

Post Code _____ Town _____

Mobile Phone No _____

Phone No _____

Fax No _____

PLEASE ENROL ME FOR UNDERSTANDING SHIPPING

_____ € 525 _____

TOTAL € 525 _____

**Remittance payable to the Institute of Chartered Shipbrokers (Cyprus Branch)
Must be paid in Euros. No other currency will be accepted.**

CONDITIONS OF ENROLMENT

1. Fees are payable in advance at the time of enrolment as indicated on the current fees schedule.
2. The contract between Tutorship and a student starts when a completed enrolment form is accepted by Tutorship. It ends on receipt by the student of the final lesson marked or 9 months from the date of enrolment, whichever is the sooner, excluding the time required for the final examination date which will be determined by Tutorship.
3. All course study material is copyright and is for the sole use of the student to whom it is sent. It may not be shared or copied in whole or in part by any method.
4. Enrolment on the Tutorship Understanding Shipping course does NOT automatically register you as a student with the Institute.

PLEASE SIGN THIS STATEMENT

I wish to enrol as a student of Tutorship for Understanding Shipping to be conducted through the post and I agree to pay the tuition fees and to be bound by the Conditions of Enrolment set out above.

STUDENT'S SIGNATURE:

AGE: _____

DATE: _____

If you are under 18 years of age, your parent, guardian or other responsible person must accept responsibility on your behalf:

Signature: _____

Relationship to Student: _____

Address: _____

How did you hear about Tutorship – Understanding Shipping? _____

A REQUEST. Please insert here in BLOCK LETTERS, the names and addresses of anyone whom you feel would appreciate a copy of our prospectus.

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____
