

ENROLMENT FORM - MALTA

www.int-comp.com



Please complete in **BLOCK CAPITALS**

1. Personal details
Title:
First name(s):
Last name:
Name to appear on certificate (if different):
Job title:
Date of birth:
Address:
Postcode/Zip:
Country: <i>Students from certain low GDP countries receive a 15% discount on the course fee. View list of applicable countries here: www.int-comp.com/6295.aspx</i>
Email address:
Telephone number:
Mobile number:
Special dietary requirements: Please provide details
Do you suffer from any disability or illness that may affect your training and assessment? YES NO <i>If yes, please provide details:</i>
Equal opportunity and disability statement ICT welcomes applications from students with additional support needs as a result of a disability, medical condition or specific language difficulty e.g. dyslexia. All applications will be considered under the same criteria as other applications. You are encouraged to contact the ICT team (ict@int-comp.com) to discuss any requirements you may have relating to your study or other needs as soon as possible. This is so that we can take all reasonable steps to ensure your needs are met and that the relevant staff are informed of support requirements at the earliest opportunity. ICT will take all reasonable steps to ensure that applicants who meet the academic criteria will not be excluded from the course that interests them for reasons relating to their disability. However, there may be rare occasions that we would be unable to meet an individual's needs, but this would be discussed in detail and every avenue investigated before a decision was made.

2. Employer details												
Business type:												
<table border="1"> <tr> <td>Banking</td> <td>Betting & gaming</td> <td>Capital markets</td> </tr> <tr> <td>Energy</td> <td>Healthcare/ pharmaceuticals</td> <td>Securities/ investment</td> </tr> <tr> <td>Regulator</td> <td>Insurance</td> <td>Telecoms</td> </tr> </table>	Banking	Betting & gaming	Capital markets	Energy	Healthcare/ pharmaceuticals	Securities/ investment	Regulator	Insurance	Telecoms			
Banking	Betting & gaming	Capital markets										
Energy	Healthcare/ pharmaceuticals	Securities/ investment										
Regulator	Insurance	Telecoms										
Other:												
Name:												
Address:												
Postcode:												
Country:												
Accounts telephone number:												
Accounts email address:												
3. How did you hear about this course?												
<table border="1"> <tr> <td>Manager</td> <td>Colleague</td> <td>Search engine</td> </tr> <tr> <td>Facebook</td> <td>Twitter</td> <td>LinkedIn</td> </tr> <tr> <td>Email</td> <td>Brochure</td> <td>Already knew about ICT</td> </tr> <tr> <td>ICT partner/other</td> <td colspan="2"></td> </tr> </table>	Manager	Colleague	Search engine	Facebook	Twitter	LinkedIn	Email	Brochure	Already knew about ICT	ICT partner/other		
Manager	Colleague	Search engine										
Facebook	Twitter	LinkedIn										
Email	Brochure	Already knew about ICT										
ICT partner/other												
Please state if ICT partner/other:												
4. ICA membership												
You need to be a member of ICA to access your resources and to complete your assessment(s). This is required, as a minimum for the duration of your studies although many students commit to ongoing membership to ensure continuous professional development, the opportunity for recertification and to retain the ability to use the post nominal designations (AICA, MICA or FICA). Visit https://www.int-comp.org/membership/the-membership-journey/ for more information												
Are you an ICA member? YES NO If yes, state ICA membership number*:												
<i>* Please refer to your communications from ICA for this number</i>												
5. Membership level												
<i>Do not complete this section if you are already an ICA member</i>												
Affiliate 6months* (35€) 12months (115€) <i>*only available if you're planning to study a Certificate</i>												

6. Course details		
Please state you chosen course:		
<i>Please note, you are required to have a basic understanding of English to complete this course.</i>		
Study method:		
Workshop	Online	Exam only* (diploma)
* Exam only available to applicants who hold an appropriate qualification or many years of relevant experience. Please forward a copy of your CV for consideration.		
Preferred workshop location:		
Preferred exam location:		
Preferred exam date:		
7. Course fees		
		Course fee
ICA Certificate in AML		347€
ICA Certificate in Compliance		347€
ICA Certificate in FCP		347€
ICA Certificate in KYC & CDD		347€
8. Who is paying for your course fees?		
Self funding		
Payment options: Pay by cash Pay by cheque made payable to ifs Malta Pay by Credit/Debit card		
Employer sponsored		
As your employer is paying for your course we will need verification from them to process your application. Please provide the contact details below of a representative within your company and request them to verify your application, we will not be able to process your enrolment unless it is verified by your employer.		
Upon receipt of your enrolment form, two separate invoices; one for full course fees and one for membership will be sent. Invoices must be paid within 30 days of receipt.		
Employer contact name:		
Employer contact email:		
Employer signature:		
Date:		

If your employer requires a cost centre/purchase order number in order to process an invoice, please provide details below:

Payment options:
Pay by cash
Pay by cheque made payable to ifs Malta
Pay by Credit/Debit card

9. Terms and Conditions

I confirm that I have read and accept ICT's (www.int-comp.com/terms-and-conditions) and ICA's (www.int-comp.org/terms-conditions/) Terms and Conditions.

Student (please print name):

Signature:

Date:

10. Data protection

The information you have provided will be used by the ICA/ICT or approved agents for administrative, membership and educational purposes or as required by law.

From time to time ICA/ICT may pass your details to third parties to enable them to send you information about products and services approved by ICA/ICT.

Yes, please include me.

No, please don't include me

Please send the completed enrolment form to:

ifs Malta
60, G'Mangia Hill
Pieta' PTA 1316
Malta
Email: info@ifsmalta.org

SAVE FORM