



PROFESSIONAL ACCOUNTANCY CENTRE

## THE ASSOCIATION OF CHARTERED CERTIFIED ACCOUNTANTS (ACCA)

### ENROLMENT FORM

#### PERSONAL DETAILS

LAST NAME: .....	TELEPHONE
FIRST NAME:.....	Home:.....
FATHER'S NAME:.....	Office:.....
	Mobile: .....
ADDRESS	E-MAIL: .....
.....	DATE OF BIRTH:.....
.....	ID No:.....
	ACCA Registration No:.....

NAME OF UNIVERSITY/COLLEGE YOU GRADUATED FROM:.....  
TITLE OF DEGREE: .....

EMPLOYER'S NAME: .....

CURRENT POSITION: .....

#### SPONSORED STUDENTS

NAME OF SPONSOR COMPANY:.....

CONTACT PERSON:.....

TELEPHONE:.....

SPONSORSHIP %:.....

#### Notes

1. A Sponsorship Letter must be submitted to P.A.C.
2. The ultimate responsibility for settling the fees remains with the student

Where have you heard about P.A.C. ACCA courses?

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State the major factor that made you prefer P.A.C. for your ACCA studies

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Please ensure that the reverse side is completed

I wish to enrol on the following ACCA subjects (Tick the appropriate boxes):

	1 <sup>st</sup> time	Repeat	Revision		1 <sup>st</sup> time	Repeat	Revision
AB (F1).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SBL (P1+P3).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MA (F2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SBR (P2).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FA (F3).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATX (P6).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LW (F4).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AAA (P7).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM (F5).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TX (F6).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
FR (F7).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
AA (F8).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
FM (F9).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**NOTE:**

**COURSES MAY BE CANCELLED IF THE NUMBER OF STUDENTS IS LESS THAN SEVEN.**

I agree to the terms of the enrolment with P.A.C. in respect of the ACCA course(s) marked above. I also grant permission to P.A.C. to release my name and registration number to ACCA, and to collect my ACCA results data from ACCA directly.

**Before signing this Enrolment Form, students are reminded to ensure that they have clearly understood all the terms of their enrolment with P.A.C., in particular clauses concerning refunds, deferments, waivers, course transfers and visa applications (when applicable).**

**Personal Data**

1. I, the undersigned, hereby provide my consent to the processing of my personal information, which I have disclosed herein to the organisation P.A. C. (hereinafter the "Company"), for the sole purpose of informing me in relation to the aforesaid programs of study for which I have expressed an interest (hereinafter the "Purpose").
2. I acknowledge that in the event that I, the undersigned, do not wish to be contacted further by the Company, I may at any time inform the Company in accordance with the available communication methods.
3. For the avoidance of any doubt, the following apply:
  - (i) Any information and data provided herein by the undersigned to the Company and which will be used, either directly or indirectly, by the Company for the performance of the Purpose (as the case may be), shall at all times be identified, clearly marked and recorded by the Company as the personal data of the undersigned.
  - (ii) All personal data acquired from the undersigned pursuant to this form shall be solely used by the Company for the performance of the Purpose (as the case may be) and shall not be further processed or disclosed to any third party, other than the Association of Chartered Certified Accountants and the undersigned's employer if sponsored, without the consent of the undersigned unless this is required and/or allowed pursuant to the provisions of the Regulation (EU) 2016/679 on the Protection of Personal Data and/or the provisions of the applicable local legislation in relation to the protection of personal data (as amended from time to time) and/or the provisions of any other applicable legislation.
  - (iii) The undersigned has been informed of his/her rights in relation his/her data contained herein. The aforesaid rights can be found at [https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules\\_en](https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en). For the avoidance of any doubt the undersigned hereby confirms that the undersigned is fully aware of his/her rights in relation to his/her data contained herein.

I declare that I have read, understood and accept the declaration about the Processing of Personal Data.

Signature:..... Date:.....