

ENQUIRY / REGISTRATION FORM

Course : ACCA  FIA  CMA  IQN HRM  IQN MKT   
 IFRS  CCNA  A Plus  TALLY  OFFICE   
 Others/Subjects: \_\_\_\_\_



CANDIDATE DETAILS

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ | Mobile 2: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ | Parent's Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ | P.O.Box : \_\_\_\_\_  
 eMail: \_\_\_\_\_  
 eMail 2: \_\_\_\_\_  
 Date of Birth: DD \_\_\_ / MM \_\_\_ / YYYY \_\_\_\_\_ | Sex: M  F   
 Nationality: \_\_\_\_\_ | ID. No: \_\_\_\_\_  
 Education: \_\_\_\_\_

*I ensure that I have clearly understand all the terms and conditions of my enrolment with Executrain, Qatar to follow ACCA or any other course. I verify that i am all aware of the policies and procedures of refunds, detarments, waivers come transfer or cancellation outlined in the student handbook. Further i hereby declare that the above-mentioned information is correct and true as per my knowledge.*

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

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

FOR OFFICE USE

Date of Enquiry: \_\_\_ / \_\_\_ / \_\_\_\_\_ | Enq.# \_\_\_\_\_  
 Date of Registration: \_\_\_ / \_\_\_ / \_\_\_\_\_ | Reg.# \_\_\_\_\_  
 ACCA Registration Number: \_\_\_\_\_ | IR Status: Scanned /Uploaded /Paid  
 Agreed Course Fee: \_\_\_\_\_ | No. of Installments: \_\_\_\_\_  
 Documents Provided: ID. Copy  Passport Copy  Educational Certificates   
 Enquiry attended by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 2018, Sign:  
 Registration done by: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 2018, Sign:  
 Admission details (Sub.No.): i) \_\_\_: \_\_\_\_\_, ii) \_\_\_: \_\_\_\_\_, iii) \_\_\_: \_\_\_\_\_ iv) \_\_\_: \_\_\_\_\_