

EXAMINATION ENTRY FORM

2008/2009 ACCREDITED QUALIFICATIONS

JUNE 2009

IAB STUDENT NUMBER (if already Registered).....

TRAINING PROVIDER

EXAM CENTRE.....

(Where you are sitting the exam.) If you are a Distance Learning Student please enter your external examination centre, details available from IAB. If you are sitting at a college where you are not an enrolled student, please ensure you have the college's permission to use their centre. Centres may reserve the right to charge an additional fee for the use of their facilities over and above the IAB fees.

EXAMINATION ENTRY FORMS NOT FULLY COMPLETED OR WHERE INCORRECT FEES ARE PAID WILL BE RETURNED

TITLE (Please Circle) Mr Mrs Miss Ms

FIRST NAMES.....

SURNAME.....

ADDRESS.....

TOWN.....COUNTY.....

POSTCODE..... COUNTRY..... DATE OF BIRTH.....

DAYTIME TEL No..... MOBILE TEL No

E-MAIL (please print clearly).....

Please Tick Examinations entered in the box below

I/D	Exam Title	Tick
104	Level 1 Certificate in Book-keeping (Qualification Accreditation Number 500/3159/4)	
105	Level 2 Certificate in Book-keeping (Qualification Accreditation Number 500/2993/9)	
106/7	Level 3 Diploma in Accounting & Advanced Book-keeping (Qualification Accreditation Number 500/3022/x)	
108	Level 4 Diploma in Accounting to International Standards (Qualification Accreditation Number 500/3370/0)	
109	Level 1 Certificate in Computerised Book-keeping (Qualification Accreditation Number 500/3160/0)	
110	Level 2 Certificate in Computerised Book-keeping (Qualification Accreditation Number 500/3079/6)	
111	Level 3 Diploma in Computerised Accounting (Qualification Accreditation Number 500/3023/1)	
112	Level 1 Certificate in Payroll (Qualification Accreditation Number 500/3281/1)	
113	Level 2 Certificate in Payroll (Qualification Accreditation Number 500/3282/3)	
114	Level 3 Diploma in Payroll (Qualification Accreditation Number 500/3278/1)	
115	Level 2 Certificate in Computerised Payroll (Qualification Accreditation Number 500/3368/2)	
116	Level 3 Diploma in Computerised Payroll (Qualification Accreditation Number 500/3283/5)	
101	Level 3 Diploma in Cost and Management Accounting (Qualification Accreditation Number 500/2994/0)	
117/8	Level 4 Diploma in Personal and Business Taxation (Qualification Accreditation Number 500/3636/1)	
122	Level 3 Diploma in Business Law (Qualification Accreditation Number 500/3637/3)	
119	Level 3 Certificate in Finance for Non-financial Managers (Qualification Accreditation Number 500/3654/3)	
123	Certificate in Financial English	
124	Diploma in Financial English	

An acknowledgement of entry will not be sent until 4 weeks prior to the exam date.

Closing date 30th April 2009

Results will be issued 1st September 2009

Student Name IAB Student No

PAYMENT DETAILS

I enclose the Examination Entry Fee of £.....
(See Fees List www.iab.org.uk or on application to the IAB)

METHOD OF PAYMENT

Cheque (made payable to IAB) Credit/Debit Card

Credit/Debit Card Details (tick type of card). Please note we do not accept any other cards

Visa Visa Electron Maestro Solo Mastercard

Card Number

Start Date..... Expiry Date..... Issue No (if applicable)..... 3 Digit Security No
(shown on signature strip)

Name of Cardholder

Signature of Cardholder

Fees cannot be refunded or transferred to a subsequent examination after the closing date. An exception may be made on medical grounds providing a medical certificate is sent to the Association within three weeks of the date of the relevant examination when fees may be transferred at the discretion of the Education Department.

IMPORTANT-PLEASE READ CAREFULLY

I declare that the information given on this form is correct, and agree to comply with the Association’s examination Bye-Laws and Regulations. I confirm that I have the relevant prior knowledge and skills necessary to sit the examination.

Signature of Candidate..... Date

EQUAL OPPORTUNITIES

The IAB and its Approved Centres are committed to providing equal opportunities to all candidates. To check that we are achieving this aim we monitor the personal circumstances of candidates and to assist us we ask you to provide the following about yourself.

(Please Circle)

- | | | | | | |
|---|--------------|--------|-------|-------|-----|
| 1. Gender | Male | Female | | | |
| 2. Age | 29 and under | 30-40 | 40-50 | 50-60 | 60+ |
| 3. Are you currently employed | Yes | No | | | |
| 4. Full time or part time | F/T | P/T | | | |
| 5. Are you self-employed | Yes | No | | | |
| 6. Have you any disabilities or special needs | Yes | No | | | |

If you answered Yes to 6 please indicate what they are and if you require any special arrangements for your assignments/examinations:

.....
.....

Please circle the description that best fits your ethnic origin:

- | | | |
|-----------------|----------------------|---------------|
| Asian-British | Asian-other | Black-African |
| Bangladeshi | White-British | Chinese |
| Black-Caribbean | White-other European | Black-other |
| Indian | White-other | Any-other |
| Pakistani | Black-British | |

Thank you for your co-operation in completing these questions.

DATA PROTECTION ACT 1998: All personal information on this form is held in accordance with the provisions of the Act and may be passed to third parties for the promotion of goods and services. All rights, duties and responsibilities under the Act are acknowledged.

If you do not wish to receive other information from the IAB or a third party, please tick here.

Return to: Suite 30, 40 Churchill Square, Kings Hill, West Malling, Kent ME19 4YU UK
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