



**Date Received:**

**ICTA USAGE**

Do you want your employer to know that you are taking this course?

YES  NO

Funding Option

Company-sponsored  Self-funding

**Personal Details**

*(A copy of your passport/drivers' license must be returned with the application)*

**Title**  **First Name**  **Last Name**

**Middle Name**

**Passport/Drivers' License**

**Your name as it appears in Passport/Drivers' License**

**Nationality**

**Sex (M/F)**  **Date of Birth**

**Address 1**

**Address 2**

**Organisation**

**Department**

**Job Title**

**Email Address**

**Home/Office Number**

**Mobile/Evening Number**

**Employer Details**

*(only for company-sponsored students)*

**Name of organisation**

**Address 1**

**Address 2**

**Job Title/Designation**

**Email Address**

**Accounts contact name** *(where applicable)*

**Email Address** *(where applicable)*

**Job Level**

*(Please tick as applicable)*

**New Entrant/ Administrator**  **Experienced Staff & Junior Management**  
 **Middle Management**  **Senior Management/ Board Level**  
 **Other** *(please specify)*

### How did you find out about the course?

(Please tick as applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Search Engine</b>                | <input type="checkbox"/> <b>Briefing Event/<br/>Trade Show</b> |
| <input type="checkbox"/> <b>Newspaper/<br/>Magazines Ads</b> | <input type="checkbox"/> <b>Direct Mail/Email</b>              |
| <input type="checkbox"/> <b>Referral</b>                     | <input type="checkbox"/> <b>Other</b> (please specify)         |

Please state newspaper or other option

**Do you suffer from any disability or illness, which may affect your studies?**

**YES**

**NO**

If yes, please give details

### Equal Opportunity & Disability Statement

ICTA 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 course administrator at ICTA 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 is informed of support requirements at the earliest opportunity.

ICTA 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 is made.

### Correspondence

Unless otherwise indicated, correspondence will be sent to the personal address provided for those who are self-funding and to the company address provided for those who are company-sponsored. Any special mailing requirements should be noted below:

### Statement about Data Collection

The International Compliance Association (ICA) and the International Compliance Training Academy (ICTA) is required to collect data and information from students pertaining to courses, assessments and examinations. The student's information collected by ICA/ICTA may be provided to government agencies that are authorised to receive it.

ICA/ICTA may request further information from you should you provide insufficient information or if ICA/ICTA requires further clarification or additional information in order to complete the processing of your course application, enrolment and course fees reimbursement, etc. ICA/ICTA have the right to request photographs of students where appropriate. ICA/ICTA also reserves the right to keep all information collected on file for a period as required by the government agencies and permissible by law.

### Data Protection

**ICA/ICTA may disclose your information to third parties and our other group companies where they help us in the administration or operation of our organisation.**

**ICA/ICTA and third parties may send you information about products and services such as compliance courses, compliance training courses, workshops, internal/external ICA/ICTA events etc that are approved by ICA/ICTA.**

**ICA/ICTA may also disclose your information if we are under a duty to disclose or share your personal information in order to comply with any legal or regulatory obligation, or in order to enforce or in complying with our obligations under our terms and conditions or other agreements; or to protect our rights, property, or safety or that of other users or third parties.**

If you wish to change/update your particulars, or if you do not want to receive any mailings from us or from third parties, please let us know by emailing us at [enquiries@int-comp.com](mailto:enquiries@int-comp.com)

**Please tick this box if you consent to receiving marketing messages in the future from ICTA, by telephone or by email (or other means).**

## Course Fee

New Zealand Dollars

Courses	Fees	
ICA Certificate in Anti Money Laundering	\$1,500	<input type="checkbox"/>
ICA Certificate in KYC & CDD	\$1,500	<input type="checkbox"/>
ICA International Advanced Certificate in Anti Money Laundering	\$3,200	<input type="checkbox"/>
ICA International Advanced Certificate in Regulatory Compliance	\$3,200	<input type="checkbox"/>

## Payment Details

Payment by cheque or electronic transfer is to be made payable to:

### International Compliance Training Academy Pte Ltd.

Please quote your full name and invoice number or ICTA's account reference.

Remittance instructions for credit of account with The Hong Kong and Shanghai Banking Corporation Limited, Singapore.

<b>Pay to:</b>	The Hong Kong and Shanghai Banking Corporation Limited, Singapore.
<b>Name:</b>	International Compliance Training Academy Pte Ltd
<b>Address:</b>	21 Collyer Quay HSBC Building Singapore 049320
<b>Address:</b>	147-287395-001 Singapore Dollar Account
<b>Bank Code:</b>	7232
<b>Branch Code:</b>	147

## Refunds

If a delegate withdraws four or more weeks prior to the workshop, the delegate will be refunded the course fee less any remittance charges levied by the banks.

If a delegate withdraws from the course less than four weeks prior to the workshop, the delegate will be refunded 50% of the course fee less any remittance charges levied by the banks.

If a delegate withdraws one week or less prior to the workshop, the delegate will not be refunded the course fee.

If a delegate fails to attend the workshop, no refund will be given.

## Declaration

I have read the terms and conditions and declare the particulars in this application are true and correct

I enclose/attach a true copy of my identification

(Enrolment forms cannot be processed if above are left unticked)

### Student Name

### Signature of Delegate

### Date

The following are required if your employer is funding your course:

### Name of Line Manager/HR

### Signature of Employer

### Date

### Company Stamp

Please return your completed enrolment by post, fax or e-mail to:

International Compliance Training Academy  
77 Robinson Road  
#07-01  
Singapore 068896

Phone: +65 6500 0010  
Email : enquiries@int-comp.com  
Web: www.icta.com.sg