

Mr/Mrs/Ms/Miss \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Address for material shipping (signature is needed on delivery)

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel (Home) \_\_\_\_\_

Mobile (Kaplan may send text alerts where necessary)

\_\_\_\_\_

Tel (Work) \_\_\_\_\_

E-mail (Work) \_\_\_\_\_

E-mail (Personal) \_\_\_\_\_

Kaplan Financial student no. \_\_\_\_\_

How did you hear about Kaplan Financial? \_\_\_\_\_

\_\_\_\_\_

Have you previously studied with Kaplan?                      Yes      No

If no, where did you previously study?

\_\_\_\_\_

Why did you decide to study with Kaplan Financial?

\_\_\_\_\_

I can confirm that I have read, understood and agree to be bound by the terms and conditions and privacy policy detailed on [www.kaplan.co.uk/about/terms-and-conditions](http://www.kaplan.co.uk/about/terms-and-conditions)

Student signature \_\_\_\_\_

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

DATA PROTECTION ACT: Your sponsor will be informed of your test results, progress and attendance unless your sponsor chooses not to receive this information.

MARKETING POLICY: Yes, I'm happy to receive offers and updates about relevant courses from Kaplan. I understand I can unsubscribe at any time. Please see our [Privacy Policy](#) for further details on how we handle your data. Sign up

Registered office: 179-191 Borough High Street, London, SE1 1HR  
Registered in England No. 1028790

Company name \_\_\_\_\_

If the above employer is responsible for the payment of fees, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due to Kaplan Financial on receipt of invoices, unless credit facilities with Kaplan Financial have been granted, in respect of the student and undertake to inform you in writing promptly of any change to this arrangement.

We understand that we are fully responsible for the payment of amounts due to Kaplan Financial in all circumstances (including termination of employment or course cancellation).

We confirm that we have read, understood and accept the terms and conditions detailed on [www.kaplan.co.uk/about/terms-and-conditions](http://www.kaplan.co.uk/about/terms-and-conditions)

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position within the company \_\_\_\_\_

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

Purchase order no. \_\_\_\_\_

(Note: contact name cannot be the same as student)

Contact name \_\_\_\_\_

Address for correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_



Delegates wishing to transfer a course booking to another date may do so once free of charge.  
 Any subsequent course transfers will incur an administration charge of £25 per transfer.  
 Kaplan will, on request, provide update information and updated online questions where a syllabus change takes place within six months of material being purchased. Please note your online access will be valid for 12 months.  
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