

ACCA CBE ENROLMENT FORM

Please complete all parts of this form and return to the Institute.

STUDENT'S DETAILS

| Forename: | Surname: | |
|-------------------------------------|-------------------|--|
| Date of Birth: | National I.D: | |
| Telephone (Mobile): | Telephone (Work): | |
| Address: | Postcode: | |
| ACCA Reg. No: | | |
| Email: | | |
| Paper: | | |
| P.S Institute Student: YES NO | | |
| Paper(s) attended at P.S Institute: | | |
| Period attended: | | |
| Other Information: | | |
| | | |
| | | |



Personal Data Protection:

You agree that Pantelis Stylianides Institute of Accountancy Ltd may (subject to compliance with the Cyprus Processing of Personal Data (Protection of the Individual) Law of 2001 as amended) collect, store, disclose and transfer internationally personal data, including sensitive personal data, relating to you and/or your employees for various purposes including (i) processing, reviewing and administering your registration form to seminars/conferences, (ii) maintaining the administrative or client relationship management systems of Pantelis Stylianides Institute of Accountancy Ltd (including the use of IT outsource providers), (iii) quality and risk management reviews, (iv) statistical reviews, (v) providing you with information about Pantelis Stylianides Institute of Accountancy Ltd and the range of seminars offered, (vi) meeting the requirements of applicable laws and regulations. When you provide personal data to us about your employees and other individuals, you confirm that you only do so provided that you have authority to act as their agent and that you have obtained any required consents.

| Signed By | Date |
|-----------|------|

Instructions

Please return this enrolment form with payment details to Pantelis Stylianides Institute of Accountancy

Bank of Cyprus

ACCOUNT: 0106-11-005623 SWIFT BIC BCYPCY 2 N

IBAN:61002001060000001100562300

20 Piraeus Street, Strovolos 2023 Nicosia, Cyprus Tel.: (+357) 22 871287

Fax: +357 22 315516