



CITY _____

TERM _____

Personal Information

First/Given Name _____ Middle Name _____
 Last Name _____ Date of Birth _____

Contact Information

Address _____
 City _____ Country _____ P.O.Box _____
 Mobile _____ Work Tel _____
 Home Tel _____ Work Fax _____
 Email _____
 Company _____ Title/Position _____

Glue or staple a passport size photograph taken within the last three months..

 Print your name on the back of the photograph.

Other Information

Education: _____
(University Name) (University Degree) (Major) (Date Received)

Other Professional Qualifications _____

Nationality _____ Passport No./Iqama/ID No. _____

Took any Professional Review Courses? Becker Other None
 Date _____ Course Name: _____

Sat how many times for the CPA/CMA/CFA Exams? _____ Parts Passed _____

CPA Live Course		
FARE	\$450	
AUD	\$450	
REG	\$450	
BEC	\$450	
Less Discount (Code & %)		
+Enrollment	\$400	
Total in		

CFA Live Course		
Level 1	\$1,195	
Level 2	\$1,195	
Level 3	\$1,195	
Less Discount (Code & %)		
+Enrollment	\$200	
Total in		

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I AGREE and fully understand that I may cancel this enrollment and receive a refund by providing a written notice of cancellation or a letter of withdrawal addressed to the Product Coordinator in my local area. Withdrawal won't be recognized unless made in writing and delivered by certified mail, overnight mail, or any other form assuring proof of receipt by the local office. The refund will be calculated on a pro rata basis (less applicable discounts, finance charge, sponsor fees, textbooks and the enrollment fees) of the tuition fees. Pro rata refunds will be made if notice of cancellation is received before the scheduled date of the third lecture of the herein defined as the combination of total number of registered CPA part/s or one registered CFA level, taken within a specific term (Spring or Fall) "Course", and after all textbooks and software have been returned to the Product Coordinator in my local area within 10 days of notification of withdrawal. The cost to return the materials will be my responsibility. The refund will be calculated for each "Course" separately and the total hours scheduled and the total cancelled for all courses will not be combined for a composite average. Processing a refund will take at least two weeks.

No refunds will be issued for Enrollment Fees, Flashcards, software, Course CD, Self Study materials, TFCH, Textbooks, and On-line Courses.
 After I pass the last part/level of the exam, I agree to have my name included on a listing of "Successful Former Candidates" which is mailed along with announcements of the course to prospective candidates.

I have received, read, understood and agreed to all the conditions set forth in this enrollment contract and its addendum, the course catalog and the Enrollment Agreement. This contract is legally binding instrument when signed by the candidate and accepted by the institution:

YES NO

I give the authority to **Orbit Institutes Pvt Ltd** to use my Resume for job Referral : YES NO

I will be attending most of the classes in _____ Candidate's Signature _____ Date _____

For Office Use Only

updated 11-10-2006

Referred by _____

Candidate ID: _____ Staff Authorization & Seal _____

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