

Please complete in **BLOCK LETTERS**

Contacts: 645-6700 x 131 / 136

Form #	↑
Cohort #	↓

**SECTION 1 - Personal Data**

shaded / Avalaughn / Indira

**Name:** Surname ..... First Name ..... Other: .....

**Date of Birth** ..... / ..... / .....  
DD MM YR

Sex: M  F

**Job Title:** .....

**Organisation:** .....

**Work address:** .....

**Work Tel:** ..... **Home Tel:** ..... **Mobile Tel:** .....

**Fax:** ..... **Preferred E-mail:** .....

Communications with students done through e-mail

**SECTION 2 - Qualifications**

Certifications	Institution	Date Awarded
(Other Qualifications)		

**SECTION 3 - Authorization**

*Individuals who do not meet the entry qualifications may be admitted on the basis of their work experience with an employer's reference and must be 23 years or older*

Name: ..... Company: ..... Date: ..... Signature: .....	Company Stamp
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**SECTION 4 - Modules applied for (please tick accordingly)**

Module A	Module B
<input type="checkbox"/> Interpretation of Financial Statements	<input type="checkbox"/> Financial Strategy
<input type="checkbox"/> Performance Management	<input type="checkbox"/> Risk Management

**SECTION 5 - Terms & Conditions**

**N.B. A non-refundable registration fee of TT\$500.00 applies to all successful applicants**

Please be advised that participants withdrawing from the programme within 4 days of its commencement will incur a 20% administrative fee. Withdrawing after commencement of the programme - incurs a 20% administrative fee as well as cost of classes attended.

**If you agree to the above terms and conditions and attest that all other information filled out as being true and correct please sign below.**

.....

Print Name                      Signature                      Date

**For further information or clarification please contact:**  
**Shadeed / Avalaughn / Indira** at 645-6700 ext 131/343/136 or email at: [intlprog@gsb.tt](mailto:intlprog@gsb.tt)