Please complete all parts of this form in BLOCK CAPITALS

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Your signature

I confrm that I have read, understood and accept the terms & conditions and privacy policy detailed on:

www.kaplan.co.uk/about/terms-and-conditions

Your signature _____

Date _____/_____/_____

Employer's authorisation

If the 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

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

Contact name _____

PO number _____

Company name _____

Company reg no. _____

Invoicing address _____

_____

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Postcode _____

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 o fers 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 ☐

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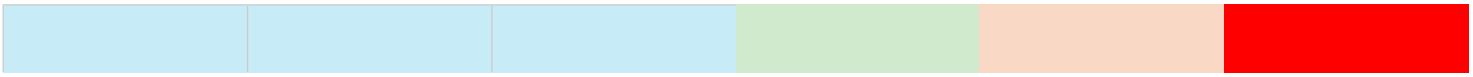

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