



Professional Qualification Registration Form

All information on this form will be treated as confidential. **Please ensure that all sections are completed in full and in BLOCK CAPITALS.**

Section A: Personal Details

Attach two passport size photos, writing your name clearly on the back of each photo

Title (Mr/Mrs/Ms/Miss): Gender (male/female):

Surname: First Name:

Middle Name(s): Date of Birth:

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Home Address:

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County: Postcode:

Email Address:

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ABMA will use this email address to keep you informed with important information about ABMA qualifications. Should you not wish to receive this, please tick this box.

Programme studying: (e.g. Business Management):

Level studying: Level 3 Certificate Level 4 Diploma Level 5 Diploma Level 6 Diploma

Section B: Centre Details

Centre Attended:

City:

Telephone Number:

Email Address:

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Study Method: Full Time: Part Time:

Please state where you first heard about ABMA:

Previous Qualifications **(Please enclose copies of your previous qualifications with this form):**

| Dates | Results/Qualifications (Including Stage) | Subject(s) | Examination Body, Educational Establishment, Professional Body |
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Section C: Employer Details (Mature student applications only)

Present Occupation:

Company Name:

Contact Name:

Company Address:

County: Postcode:

Telephone Number: Length of Experience (years):

Email Address:

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Website:

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Please attach a letter from your employer as proof of your employment with the company

Section D: Declaration

I declare that all the above statements in support of my application are, to the best of my knowledge, true and complete and understand that any evidence to the contrary may result in subsequent disqualification.

Signature: Date:

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Please note that the completed Registration Form should be given to the centre ABMA Examinations Coordinator, accompanied by the required documents and relevant Registration Fee made payable to: **ABMA Education Ltd** by Banker's Draft or Personal Cheque. The said fee(s) are non-refundable and non-transferable.

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| <p>Recognised Centre Only - Mandatory</p> <p>The above application shall be deemed void without this section being duly completed by the Recognised Centre</p> <p>Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p> <p>Authorised Signature and Centre Stamp/Seal:</p> | D | D | M | M | Y | Y |
| D | D | M | M | Y | Y | |

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| <p>For ABMA Use Only</p> <p>Payment Method: Registration Fee:</p> <p>Signature: Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table></p> | D | D | M | M | Y | Y |
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