

Please use BLOCK CAPITALS, complete ALL sections of the application form, and ensure you SIGN and DATE the declaration or we will be unable to process your application.

SECTION 3: FEES AND PAYMENT

Please note that the refresher course is included in the examination fee. Attendance at the two refresher course lectures (details below) is strongly recommended as an essential support to those intending sitting the exam.

Refresher Course Information (please indicate preferred refresher course)

Date and time: DUBLIN		Location	✓
Lecture 1	Tuesday, 24th January 2017 6.00 – 8:00pm	Dublin: IOB	
Lecture 2	Thursday, 26th January 2017 6.00 – 8:00pm	Dublin: IOB	
Lecture	June 2017 TBC	Dublin, TBC	

Date and time: PORTLAOISE		Location	✓
Lecture 1	Monday, 16th January 2017 10:00am – 12:00pm	Maldron Hotel Portlaoise, Midway, Abbeyleix Rd, Meelick, Portlaoise	
Lecture 2	Monday, 16th January 2017 1:00pm – 3:00pm	Maldron Hotel Portlaoise, Midway, Abbeyleix Rd, Meelick, Portlaoise	

Exam Information (please indicate preferred exam location)

Date and time	Location	Exam Fee	Closing Date	✓
Saturday, 4th February 2017, 10:00am – 1:30pm	Griffith College Dublin	€184.50	11th January 2017	
Saturday 4th February 2017, 10:00am – 1:30pm	Portlaoise Heritage Hotel, Portlaoise Town Centre	€184.50	11th January 2017	
Saturday, 17th June 2016, 10:00am - 1:30pm	Griffith College Dublin,	€184.50	19th May 2017	

PLEASE ATTACH COMPLETED PAYMENT FORM AND FEES WITH YOUR APPLICATION

Return to: Terrie Kennedy, FPSB Ireland, 185a Kimmage Road West, Dublin 12 by the requested close off date (see above)

SECTION 4: DECLARATION

I wish to register for the lecture(s) and exam (at the venue) selected above. I have read and understood the terms and conditions for registration (as set out in Section 2) with FPSB Ireland Ltd and I agree to be bound by these terms and conditions. I consent to FPSB Ireland Ltd collecting, using and disclosing my personal data to third parties, including but not limited to its agents, affiliates, other educational bodies, assignees, my employer (past, present and/or future), on its website, regulatory and/or governmental bodies and to comply with its legal, regulatory and compliance obligations.

Signature:

Date:

Please use BLOCK CAPITALS.

Forename(s): _____ Surname: _____

Payment by Cheque / Bank Draft / Postal Order

Tick if paying by cheque / bank draft / postal order

All cheques/bank drafts/postal orders are to be made payable to:

Financial Planning Standards Board Ireland Ltd

Card Payment Details

Visa Mastercard Laser/Maestro

Card Number

Expiry Date / (mm/yy)

CCV Number (3 digits on back of card)

Amount Paying € _____

Name of Cardholder _____

Signature of Cardholder _____ Date _____

Billing Address of Cardholder _____

IN OFFICE USE ONLY

Date application received: _____

Received by: Fax Post Email

Payment type: Credit/Debit Card Cheque Bank Draft Postal Order

Date processed: _____ Processed by: _____

Lodgement number: _____