



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 Thursday, 30th May 2019 6.00 – 8:30pm	Dublin: IOB	
Room The Auditorium		

Exam Information (please indicate preferred exam location)

Date and time	Location	Exam Fee	Closing Date	✓
Saturday, 15th June 2019, 10:00am – 1:30pm	Griffith College Dublin	€184.50	31st May 2019	

**PLEASE ATTACH COMPLETED PAYMENT FORM AND FEES WITH YOUR APPLICATION**

Return to: Emer Hand, 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: \_\_\_\_\_