



The Chartered Institute of
Logistics & Transport

Ireland

CERTIFICATE IN LOGISTICS APPLICATION FORM

Please complete this form fully in block capitals

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COMPANY: _____

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For Official Use Only

Student No: _____

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Registration Date: _____

Fee: _____

Telephone: _____ Fax _____ Email Address: _____

Return to: Mr. *Jim Kearney*/ Ms. *Pauline Lacey* with your fee of €395.00

Chartered Institute of Logistics & Transport in Ireland
1 Fitzwilliam Place
Dublin 2

Phone: 01-6763188

Fax: 01-6764099

PLEASE DEBIT MY LASER/VISA/ACCESS/MASTERCARD WITH THE AMOUNT OF €395.00
(CIRCLE AS APPROPRIATE)

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