

For Office Use:
Student Identity Number _____



The Chartered Institute of
Logistics & Transport
Ireland

Advanced Certificate in Logistics and Supply Chain Management Application Form (Year One)

Please complete your details fully on this form in Block Capitals only

First Name: _____ Surname: _____

Home Address (for Correspondence): _____

Male (M) / Female (F) _____ D O B: _____ PPS No. _____

Phone No: _____ MOB _____ Email Address: _____

Company Name: _____ Position in Company: _____

Company Address: _____

Course Fee: 2009/2010

FEE €2150.00..... Booking Deposit €250.00

Note: - Cheques should be made payable to "The Chartered Institute of Logistics & Transport"

How did you first hear about this course? _____

Signature of applicant _____ Date: _____

Please send me details on the INSTALMENT PAYMENT option

I AUTHORISE THE CILT TO DEBIT MY LASER/VISA/ACCESS/MASTERCARD WITH THE MOUNT.

Please insert last 3 digits CVV No. _____

€ _____

CARD NUMBER:

EXPIRY DATE: _____

CARDHOLDER'S NAME: _____