



INSTITUTE OF CHARTERED SHIPBROKERS

2011–2012 Professional Qualifying Examination Entry

Please return one form per student to the ICS Office or to your local branch:

Telephone: 852-2866 6849

Fax: 852-2661 3285

Email: examination@ics.org.hk

Final date for Exam Entry – 18th February

(HKG Branch: co-ordinate by Mr Manson Cheung)

Title: First Name: Last Name: Date of Birth:

Job Title: Company:

Business Address:

Postcode:

Home Address:

Postcode:

Email 1: Email 2: Telephone:

Please indicate your main correspondence address - Home: Business:

Have you already registered as a student with the ICS? Yes: No:

If **yes**, please supply your registration number (if known) _____

If **no**, please be aware that you must complete a Student Registration form in order to sit an exam with the ICS

Examination Entry Fees 2010-2011

Entry cost per subject: £40

Entry cost for 3 or more subjects reduces to: £30 per subject

Where (what city) do you wish to sit your examination(s) in? _____

Entry for 2011 PROFESSIONAL QUALIFYING EXAMINATIONS	
Introduction to Shipping	£
Legal Principles in Shipping Business	£
Economics of Sea Transport and International Trade	£
Shipping Business (Compulsory in your first year)	£
Dry Cargo Chartering	£
Ship Operations and Management	£
Ship Sale and Purchase	£
Tanker Chartering	£
Liner Trades	£
Port Agency	£
Logistics and Multi-modal Transport	£
Port and Terminal Management	£
Shipping Law	£
Marine Insurance	£
Offshore Support Industry	£
Shipping Finance	£
Total	

METHODS OF PAYMENT – please tick the appropriate box (all payments to be made in pounds sterling)

Option One I have enclosed a cheque made payable to Institute of Chartered Shipbrokers and sent it to:
 Institute of Chartered Shipbrokers
 85 Gracechurch Street
 London
 EC3V 0AA
 United Kingdom

Option Two I have made the payment by BACS/transfer including my **invoice number** (eg. ICS 195) name and company details in the transmission information and sent a copy of this form to the ICS office.
 HSBC (Branch Identifier Code MIDLGB2106G)
 Sort Code 40-02-31
 Account Number 11463810

Option Three Please debit the following account with £.....

Card type: Visa Mastercard Switch/ Maestro

Card Number:	Expiry Date:	Security Code:
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Name (as shown on card)

Billing Address (if different from above)
Please note a 3% bank charge will be levied to card transactions

VAT Registration No: 447 0143 70 VAT ZERO RATED

Declaration

I understand that completing this entry form does not register me as a student with the ICS. I further agree to conduct myself in a manner befitting an ICS student and to abide in full with the spirit and ethos of the Institute and indeed the examinations.

This form is not valid unless signed.

Signed	Date:
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