



INSTITUTE OF CHARTERED SHIPBROKERS

2011–2012 Foundation Diploma Entry Form

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

Telephone: 020 7623 1111

Fax: 020 7623 8118

Email: enquiries@ics.org.uk

Final date for Exam Entry – 18th February

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|--------|-------------|------------|----------------|
| Title: | First Name: | Last Name: | Date of Birth: |
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| Job Title: | Company: |
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| Business Address: |
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| Postcode: |
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| Home Address: |
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| Postcode: |
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| Email 1: | Email 2: | Telephone: |
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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

Please identify your second subject:

| Entry for 2011 FOUNDATION DIPLOMA | |
|--|------------|
| Introduction to Shipping (compulsory) | £40 |
| 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 | £ |
| Offshore Support Industry | £ |
| Total | £80 |

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

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 £80

Card type: Visa Mastercard Switch/ Maestro

Card Number:

Expiry Date:

Security Code:

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 for the examination subjects that I wish to sit. 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.

Signed

Date:

This form is not valid unless signed.