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|  |   |  | **FOR OFFICE USE ONLY** |  |
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| **STUDENT REGISTRATION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
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| **Please indicate the exam(s) to be considered:** |  |  |
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| PLEASE WRITE CLEARLY IN CAPITAL LETTERS (Personal details as they appear on your passport) |  |
| Title (Please circle) |  Mr Mrs Miss Ms Dr Capt |  |
| First Name |   |  |
| Middle Name (If applicable) |   |  |
| Family Name/Surname/Last Name |   |  |
| Date of Birth (dd/mm/yy) |  |  / / |  |  |  |  |   |  |
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| **CONTACT DETAILS** |  |  |  |  |  |  |  |
| Address |   |  |
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|   |  |   |  |
| City |   | Country |   | Postcode |   |  |
| Personal email |   |  |
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| **Please explain clearly reasons for your request:** |  |
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| **The Institute of Chartered Shipbrokers** | 85 Gracechurch StreetLondon EC3V OAAUnited Kingdom | t. +44 (0) 20 7623 1111f. +44 (0) 20 7623 8118enquiries@ics.org.uk |
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| **You may in addition provide supporting documentation as an attachment to this form. Please list any documents you are attaching here:** |  |
|  |  |
| **Notes**Only examination entry fees can be considered. The student registration fee is required for each year of study, so this cannot be moved or refunded. It is your responsibility to inform the Institute that you will be intending to sit exam(s) in future academic years using the student registration process. |  |
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| **Declaration**I declare that all information provided on this document and in any subsequent attachments is true and accurate to the best of my knowledge. I accept that the findings of the Education and Training Committee are final and no further correspondence thereafter shall be entered into. |  |
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| Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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