



THE INSTITUTE OF CHARTERED SHIPBROKERS

85 Gracechurch Street, LONDON EC3V 0AA

ENTRY FORM FOR THE QUALIFYING EXAMINATIONS

Please complete and return to your usual Branch office. This form will be acknowledged by the Branch

For branch use only:
BRANCH:
Regi. No.:
Date rcvd:

CLOSING DATES FOR ENTRIES	
United Kingdom candidates	21 February
Overseas candidates (incl. Rep. of Ireland)	21 January

Fees, £32.00 per subject must be pre-paid in sterling.

I wish to enter for the Qualifying Examinations to be held **2009** and confirm that I have registered with the Institute of Chartered Shipbrokers as a student.

GROUP 1	GROUP 2	GROUP 3
Subject(s)	Subject(s)	Subject(s)

A total of SEVEN subjects, including any exemptions, must be passed within FIVE years with a minimum of THREE subjects taken at the first attempt. Shipping Business must be taken in the first year.

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS

Surname:		Initials:		Mr/Mrs/Ms./Capt
Present employer or college address:				
Tel:		Fax:	E-mail:	
Nationality:		Date of birth:		
Address/contact details if different from above:				
Tel:		E-mail:		
How/where studying:				
Chosen Exam Centre:				
Total Entry fee due:		£		
Insert your student registration number, if known				
Payment details: Cheque Bank transfer Credit/debit card		Number, expiry date, issue number if debit card Security Number essential 3% commission will be charged on all card transactions		

I agree to abide by the Examination Regulations

Signature Date