

Please complete all relevant fields.

Personal Information (Please write in BLOCK Capitals)		Temp ID <input type="checkbox"/>
SID No. (Existing students only)		New Student <input type="checkbox"/> SBCS ID #
Title:	First Name:	Surname:
*Mailing Address:		
*Home Telephone:		*Mobile Phone:
*Business Phone:		*Date of Birth: (dd/mm/yyyy)
Primary E-Mail:		*Alternative E-Mail:
*Company Name:		*Job Title:

<u>STAGE 1</u>	√	<u>STAGE2</u>	√	<u>STAGE 3</u>	√
<u>Core Courses</u>		<u>Core Course</u>		<u>Elective Course</u>	
Strategic Planning		Competitive Strategy		Corporate Governance	
Project Management				Leadership	
Strategic Risk Management				Strategic Negotiation	
Making Strategies Work					
		<u>Elective Courses</u>			
		Alliances and Partnerships			
		Mergers & Acquisitions			

Subjects in Bold - Tuition Available

EXEMPTIONS: I hereby agree that if I purchase a Course for which I may be granted an exemption, I will **not** receive a refund.

DECLARATION: By signing this form, I agree to the following; (1) To the exemption clause above (2) My information may be shared with EBS (3) My email address may be shared for Educational purposes (4) That the above information is accurate.

Sign: _____

Date: _____

CRN:	CRN:	CRN:
Stock #:	Stock#:	Stock #:
Date assigned :	Date assigned :	Date assigned :

DEBTOR'S DECLARATION

I confirm that, I (Name) _____

Of (Address) _____

I.D.#: ☐ _____ P.P.#: ☐ _____ SBCS ID # _____

have a balance outstanding to SBCS Ltd. of \$ _____ as at _____

I agree to pay the amount of \$ _____ by _____

\$ _____ by _____

\$ _____ by _____

\$ _____ by _____

Please indicate by your signature below that you have received and agreed to the following:-

- Request for refunds must be made within six weeks of the start of classes, no refund is granted after six weeks.
- Payment plans carry a \$500.00 processing fee. A 15% penalty charge will be applicable to installments not paid on the agreed due date without prior approval from Management.
- **Student Registration Kit** (Required for New students and includes Course Guidelines, Proposed Sequence, Exam and Deferral Deadlines by e-mail)
- In applying to SBCS, I understand that a code of dress and conduct is in effect and that SBCS has a strict ***NO I.D No Entry*** policy. I am aware that any violation of these codes can result in expulsion without a refund.

Payment Details: Linx _____ Cheque _____

Credit Card _____ Credit Note _____

Payment Rec'd by: _____ **Receipt #:** _____ **Date:** _____

SIGNATURE: _____

DATE: ____/____/____
DD MM YYYY

WITNESS: _____

DATE: ____/____/____
DD MM YYYY